EDITORIAL.

NIGHTINGALE SCHOLARSHIPS FOR NURSES.

It is with great pleasure we announce in another column that the Council of the Nightingale Fund propose to offer a limited number of Nightingale Scholarships to nurses who have obtained a certificate after three years’ training in some recognized school. These scholarships will entitle the holders to a year’s training at the Household and Social Science Department of King’s College for Women, in the University of London, now being erected at Campden Hill.

As most nurses know the Nightingale Fund is administered by a Council acting under a trust deed, drawn up in the lifetime of Miss Nightingale. Its original object was pioneer work in nurse training, and the Council rightly hold that this object should remain one of its guiding principles to-day.

The Council state that as in the ordinary training of nurses no pioneer work remains to be done, they have been considering whether there is not still something lacking in nurse-training in which they can lead the way. They have realized that though many women are to-day admirable nurses, the existing training schools in the United Kingdom do not give the instruction in administrative and social work which is required to fit their pupils for the higher posts of Matrons, Superintendents, Inspectors, and so forth, for which a course of training was so brilliantly inaugurated by Lady Superintendents in the United States of America in 1898, and two years ago in Germany. At the same time the demand for qualified persons to fill these posts is constantly increasing.

It is with the object of meeting this demand that the Council of the Nightingale Fund have decided to offer scholarships at King’s College for Women, and they state that the College has met the Council in every way in the preparation of a suitable course.

We cannot conceive of a scheme more calculated to carry out the ideals which Miss Nightingale had so much at heart, and we most cordially congratulate the Council of the Nightingale Fund on realizing both the necessity for such training for certificated nurses, and the appropriateness of the inauguration of a scheme for its provision through the Nightingale Fund. Miss Nightingale’s interest in regard to nurses was centred in education, and in the training of nurses to fill the higher posts. She laid down that “to enable nurses to train nurses a special training is required—to train to train needs a system,” and an admirable one she evolved in her day. When the probationers of the Nightingale School at St. Thomas’ Hospital had completed their training they were expected to accept positions in public institutions which might be offered them through the Council, or otherwise. As Sir Edward Cook, in his life of Miss Nightingale states “It was not intended that they should enter upon private nursing. This was an important point in Miss Nightingale’s scheme. She had it in her mind from the first that her Training School should in its turn be the means of training elsewhere. She wanted to sow an acorn, which might in course of time produce a forest.”

We cannot therefore doubt that the proposed scheme of the Council of the Nightingale Fund, to give scholarships enabling nurses to equip themselves more efficiently to fill administrative posts, is entirely in accordance with the principles which Miss Nightingale had at heart, and we shall watch developments with great interest.
The British Journal of Nursing.  July 4, 1914

THE RELIEF OF PAIN.

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

This paper is the outcome of a recent conversation with a nurse who happened to be in charge of a patient on whom I had operated for the removal of an ovarian cyst. The question arose as to what extent she was in pain, and the nurse told me that she had never understood what pain was, and why so many different drugs were at times ordered for its relief.

Of course, pain is a very wide subject, and I cannot do more than give the bare outlines of the reason for its existence; details can, however, be filled in from any of the larger text-books.

We will first consider the physiology of the subject. Practically all over the body are nerves, which conduct impulses from the various organs of the body—skin, muscles, bowels, and so on—to the brain. These nerves are known as afferent, or sometimes, though it is not so good a term, as sensory nerves. The impulses themselves vary in character. Sometimes they give rise in the brain to simple sensation, as when the skin is touched gently. Sometimes they are not felt at all, as when the object of the message is to ask for a greater supply of blood to a particular organ. Again, there may be a sensation of heat or cold, as when the skin is touched by a hot-water bottle or an icebag. Lastly, the result of the impulse may be a feeling of pain.

Now pain sensations are not, as we might perhaps suppose, simply exaggerated feelings of touch. It is true that if we pinch the skin gently we feel just a touch, and if we nip it hard it hurts, and there is always a point at which a touch sensation passes into a pain sensation; as we shall see later, this point varies in different individuals, but they are quite different sensations, and, as a matter of fact, they travel up different paths in the spinal cord and brain. Some parts of the body are incapable of sending up touch impulses at all, though sensations of pain may arise from them. For instance, the intestine can be touched, or even cut or sewn, without the patient, although he be perfectly conscious, knowing that anything is happening; but a mass of indigestible food in its interior may give rise to the excruciating pain which we call colic.

In any case, however, pain results from the stimulation (in the appropriate way) of the endings of an afferent nerve; the impulse thus generated passes up the nerve to the spinal cord, and thence to the brain itself, the actual feeling of pain being generated, in all probability, on its surface, the cerebral cortex, as it is called.

The intensity of the feeling of pain does not necessarily bear any accurate relation to the intensity of the stimulus. In the same individual, at the same time, a jab with a penknife will hurt more than a prick of a pin, but there the relation ends. The same person will at one time feel the pinprick very acutely, and at another not so much as the former thrust with the knife. What is more important, however, is to recognize the great variation in feeling of pain that exists in different individuals.

This is a point which we doctors and nurses need to bear in mind. Quite commonly one hears a nurse say, when a patient cries out with pain at the administration of a hypodermic injection: “Why, it is only a pinprick.” Pain is always a reality. Then we must make another distinction between pain itself and the extent to which the patient is bearing it—two very different things again: but we are all at times liable to confuse them if we are not on our guard. Bearing pain means deliberately, by exercise of the will power, repressing the instinct to cry or move, or otherwise show that pain is being felt. Here, again, the question of blame must be put altogether on one side. One of the worst things we can do is to scold a patient or be cross with him because his will power is deficient.

If a patient has but little control, or more commonly because he has lost it from disease, it is just as much a real ailment as an obvious tumour or an open sore.

One sometimes, I am afraid, gets a report from a nurse to the effect that a patient is making a fuss but is not really in pain. A statement of this kind only betrays the blank ignorance of the observer. We have no means of measuring a person’s feelings of pain, and we must begin by assuming in any given case that pain which is complained of actually exists. The converse is also important, and if we have reason to think that a patient is concealing pain for fear of giving trouble or being thought to be a coward, we must try and get him to tell us frankly how and where he is suffering. But I will return to the distinction between pain and want of fortitude later on.

Coming now to the question of treatment, we can relieve pain in several quite different ways. Obviously the first thing to do is to remove the cause—to take away whatever it is that is in contact with the nerve endings. I think we may profitably dwell on this a little,
because I am afraid we sometimes do not begin in this plain way. We all know the story of the crying baby that was treated first with one kind of soothing powder and then with another, on the supposition that it was suffering from stomach-ache. The numerous remedies were, however, unavailing, and the infant continued to cry until it was time to undress it. Then it was found that one of the pins with which its binder was fastened was sticking into its skin! This sounds absurd, but it is not more so than, for instance, giving a patient after an operation opium when he is in pain from a tight bandage, which can easily be loosened without detriment to his recovery. Sometimes, however, the reason for the pain is not quite so obvious. I remember the case of a boy who suffered intense pain in the chest, associated with paroxysms of coughing. This was assumed to be due to whooping-cough, for which he was treated for a long time without any effect. Ultimately the history of the case was enquired into more fully, and it was found that he was said to have "swallowed" a plum stone, which was ultimately removed from one of his bronchial tubes, with the result that the "whooping-cough" disappeared entirely.

So we must always begin by seeking for the cause of the pain, and not treat it simply as pain.

If we cannot remove the cause, the next thing is to act on the nerve endings, so that the cause no longer irritates them. This we can do in two quite different ways. If we can get at them, we can apply to the nerve endings themselves a drug that will paralyse them, so that they are no longer capable of transmitting impulses upwards. This, however, can be—or should be—only a temporary expedient. The drugs that are capable of effecting this are known as local anaesthetics; perhaps the most efficacious is cocaine, but there are others of the same group, such as eucain and novocain, which are often preferable as being less injurious. Menthol and carbolic acid are also useful. The drawback attached to cocaine is that it is a powerful poison when absorbed into the blood, as it always must be to a certain extent. This can partly be prevented, however, by combining it with extract of the suprarenal body adrenalin, which has the effect of contracting the blood vessels of the part, so that the cocaine does not as readily get into the blood. The combination is very useful in operations on the nose, which would otherwise be very painful. A good example of the relief of pain by this means is found in the way in which a raging toothache can be immediately stopped by plugging the hollow tooth with a little piece of wool dipped in a solution of cocaine. But to continue to treat the toothache by this means would be most erroneous, the proper course being to have the tooth either stopped or extracted as soon as possible.

Another way of paralysing the nerve endings is by giving drugs of the belladonna group, such as atropine or hyosine, either by mouth or hypodermically. These act directly on the nerve endings all over the body when they get into the blood, and this expedient is most useful when we cannot get direct access to the particular nerves that are responsible for the painful impulses. Here, again, caution is necessary. As these drugs act on all nerve endings alike, we often have to paralyse some that should not be touched at all. In the case of atropine and hyosine great care is essential, for we may cause collapse from interference with the nerve endings in the heart. In the case of belladonna, too, which is usually given by the mouth, the effects have to be watched, and at the first sign of undue quickening of the pulse the question of discontinuing the remedy must be raised.

If it is impossible or undesirable to act on the nerve endings, we have to dull the perceptive powers of the brain itself, so that, though the painful impulses are not diminished, yet the brain does not, as it were, make so much out of them. This we can do by two different classes of drugs—either those of the opium group, opium itself, or its derivatives, such as morphine, heroin, and so on, or the coal-tar products, such as antipyrin, phenacetin, anti-fibrin, and their allies. But the consideration of these must be deferred to the next paper.

**HONOURS FOR ENGLISH NURSES.**

The King of Greece has conferred on the nurses who served in the Greco-Turkish War the bronze war medal, which has been forwarded to each nurse with his Majesty's photograph, and a diploma stating that she is awarded a commemorative medal for the services which she has rendered during the campaign against Turkey in the capacity of nurse.

The nurses have also received a second diploma, referring to the Greek Red Cross, already bestowed upon them by Queen Olga. This proves that although the British Red Cross Society, the official channel for supplying aid to the sick and wounded in war, saw no reason to send trained women nurses to the seat of war, the services of those who went out were both needed and valued.
OUR PRIZE COMPETITION.

STATE ARTICLES REQUIRED FOR AN OPERATION IN A PRIVATE HOUSE.

We have pleasure in awarding the prize this week to Miss Cicely M. Spinney, West Street, Warwick.

PRIZE PAPER.

The nurse, if possible, arrives the day before the operation. She must choose a very light, airy room. Take down all curtains, pictures, and ornaments; take up the carpet; then sweep the walls, wash all paint, and scrub the floor with disinfectant. Next select five tables: one narrow, strong one for the operation; one for the anaesthetist; two for the surgeons; one for bowls, &c. A washstand, a stool for anaesthetist, and two chairs should also be in the room. All these things should be washed over with a disinfectant, and tables covered with sterilized sheets.

Special tables to be prepared as follows:—

Operation Table.—Blanket, sheet, pillow, mackintosh covered with towel under site of wound, small blanket to cover the patient.

Anaesthetic Table.—Vomit bowl; bowl of swabs for mouth; two or three large handkerchiefs; brandy, spoon, medicine glass, and water.

Washstand.—Two jugs and basins; soap; two penny nailbrushes, sterilised and placed in lotion; bowl of lotion for hands; sterile lint in methylated or rectified spirit.

A few odd things that should not be forgotten are:—(1) A zinc bath for dirty water; (2) large basin or pail for soiled dressings; (3) tin tray with soda and matches for surgeon’s steriliser; (4) string to tie oxygen cylinder to leg of table if oxygen is given during the anaesthetic; (5) scissors and packet of wool; (6) a clock.

A sheet should be nailed on the floor under the operating table. A thermometer must be in the room.

Sterilise by boiling nine basins or pie-dishes; six face towels. Have ready three jugs of cold sterile water. All sterile things must be carefully covered over.

On the day of operation the fire in operating room must be lighted early, as temperature of room should be about 75°. Plenty of hot sterile water in jugs, a kettle of boiling water in the room. Hot bottle for operating table.

One or two extra pillows would be useful for propping patient in different positions. A nurse should see that there is strong coffee ready for enema if required.

The surgeon usually brings his own dressings; if he does not do this, the nurse must obtain them.

I have said that the nurse should sterilise six face towels, this should be done even if the surgeon brings his own.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dorothy Maton, Miss Lily Barraclough, Miss Dora Vine, Miss Jeanie F. L. Dawson, Miss Elinor Sheard, Miss F. Sheppard, Miss Beatrice Smith, Miss O’Brien, Miss Eya M. Chapman.

Miss Beatrice Smith writes:—

The one and all-important fact to be kept in mind in preparing for a surgical operation in a private house is to exercise the most scrupulous cleanliness in all things surgical, otherwise great disaster may result to the patient.

The room chosen for the operation should be one adjoining the sick room where possible, but sometimes there is no other available but the sick room. Where an adjoining room is obtainable it should be thoroughly cleaned throughout, and if all but necessary furniture be removed, so much the better. Bare boards or linoleum on the floor is preferable to carpet, but if a carpet floor is inevitable, the carpet, after being thoroughly swept with a broom covered with a damp cloth, must be covered with sheets. Good light is essential, and a large window admitting plenty of light is necessary. Where neighbours can see through, it is advisable to cover the lower portion of the window with a thin muslin curtain. If the operation is to take place by artificial light and at night-time, care must be taken that the light and operating table are arranged in such a manner that there is ample illumination on the patient.

In preparing a room for an operation, with furniture available in a private house, all articles of furniture used, as well as the floor, should, as far as possible, be covered with sterilized sheets.

It is advisable that the nurse should take with her, on hire, a complete outfit for an aseptic operation, such as is supplied by several trained nurses’ societies, including an operation table, side table, anaesthetist’s stool, lithotomy crutch, steriliser for bowls, bottles for lotions, jugs with covers, and all necessary appliances, as well as sterilized dressings.

QUESTION FOR NEXT WEEK.

What is the cause of tuberculosis? What organs and tissues may be attacked in this disease? Give a brief description of the treatment and management of any two forms of tuberculosis.
THE JANE A. DELANO PRIZE
COMPETITION.

SAN FRANCISCO, MAY 31—JUNE 6, 1915.

Two prizes—one of £20 and one of £1—have been offered by Miss Jane A. Delano (Chairman, Red Cross Nursing Service of the United States) for the best and second best invention by a nurse.

Inventions entered in this competition are to be displayed at the exhibition to be held on the occasion of the International Congress of Nurses May 31st to June 6th, 1915. This exhibition is to be a part of the Panama-Pacific International Exposition, San Francisco, California, February 20th to December 4th, 1915.

INVENTIONS.

The inventions shall include any device invented by a nurse for the promotion of the comfort, relief or welfare of a sick person. Preference in the awarding of prizes will be shown to those inventions which have the greatest practical bearing, and whose usefulness shall have been demonstrated in the most obvious manner by the models entered in the competition.

DIRECTIONS FOR APPLICATIONS.

(a) All persons intending to compete for these prizes must make application to Miss L. L. Dock, International Secretary, 265, Henry Street, New York City, before November 15th, 1914, giving the amount of space which will be required for the exhibition of their invention.

(b) Applications for space must be accompanied by a letter of introduction endorsed by representatives of the following countries.

LIST OF NATIONS.


United States: Miss Goodrich, Teachers' College Columbia University, New York.

Germany: German Nurses Association, Regensburger Str., 28 Berlin, W., 50.

Holland: Miss Van Luns Fot Hubrecht, Nic. Maesstraat 85, Amsterdam, Holland.

Finland: Baroness Mannerheim, Surgical Hospital, Helsingfors, Finland.

Miss Jane A. Delano, Chairman.
American Red Cross Nursing Service.

Denmark: Danish Nurses' Association, Kronprinzessegade 59, Copenhagen.

Canada: Miss Mary Ard Mackenzie, Victorian Order of Nurses, Ottawa.

India: Mrs. Etha Butcher Klosz, Queen's Mansions, Prescott Road, Bombay.

New Zealand: Miss Hester Maclean, Government Buildings, Wellington, N.Z.

France: Dr. Anna Hamilton, Rue Cassignol, Bordeaux.

Italy: Miss Amy Turton, 16, Via del Paradiso, Siena.

Japan: Miss Hagiwara, Red Cross Hospital, Tokio.

Switzerland: Miss Emmy Oser, Platten str. 33 II, Zurich.

Sweden: Miss Emmy Lindhagen, Serafimer Hospital, Stockholm.

Norway: Miss B. Larssen, Hammerfestg., 13 H. Christiana.

Australia: The Australasian Trained Nurses Association, Equitable Building, Sydney, N.S.W.

Royal Victorian Trained Nurses Association, 85, Collins Street, Melbourne, Victoria.

China: Miss Chung, Woman's Medical School Hospital, Tientsin.

Cuba: Miss Hibbard, Hospital No. 1, Havana.

Should the invention be eligible for competition notification will be sent to the applicant, together with directions for shipping.

DIRECTIONS FOR ENTRIES.

(a) Articles entered for this competition must be received at San Francisco on or before December 31st, 1914.

(b) All transportation charges to and from the Exposition must be borne by the competitors.

(c) All inventions entered must bear a card, first, explaining the operation of the device; second, the name and address of the inventor; third, the name of the training school and date of graduation of the inventor.

(d) Exhibits must be left in the Exposition Building until the close of the Exposition.

(e) Exhibitors who desire to set up their own exhibits may do so.

(f) Further information can be obtained, if necessary, from the Chairman of the Arrangements Committee, Mrs. Helen Criswell.

AWARD OF PRIZES.

Award of prizes will be made by a committee
appointed by the International Council when it convenes in San Francisco in 1915.

NOTICE TO COMPETITORS IN THE UNITED KINGDOM.

Mrs. Bedford Fenwick will be pleased to give letters of introduction to Miss Dock as required by any nurse wishing to compete, and to send copy of Notification of Shipment to be sent to the Chairman of Arrangements Committee at San Francisco, when exhibit is shipped.

NURSES’ INTERNATIONAL MEMORIAL.

The appeal for One Day’s Pay from members of the Nursing Profession is now being sent out from the office of the National Council of Trained Nurses. Printed explanatory matter is being sent to the Matrons of hospitals, and Superintendents of nursing organizations, asking them to be good enough to bring the matter to the notice of the Nursing Staff, and to be kind enough to receive gifts towards the memorial—the foundation of a Nightingale Chair of Nursing and Health in London. We hope in small sums a large “purse” will be filled for presentation at the Memorial Ceremonies at San Francisco next year. All information and collecting cards are now ready, and can be obtained from Miss Cutler, Hon. Secretary, N.C.T.N., 431, Oxford Street, London, W.

A MONTEVIDEO PURSE.

By way of encouragement there has been forwarded through Miss Musson a cheque for £1 35 2d., “with the compliments of the Doctor and Nursing Staff,” which represents one day’s pay, from the staff of the Escuela de Nurses, Montevideo, towards the Fund—that makes one realise how really international this fund is going to be. Those who have contributed are Dr. Carlos Nery, Miss S. M. Alves (Matron), Sisters C. S. Gale, N. Paterson, J. Wells, M. Kirchner, and Nurses Engster, Segredo, Giaica, R. Giaica, Rey, Ramiriz, Herbon, Cianbronnio, Chavarrie, Quinones, Alfonso, Avioldi, Ginari, Albores, Bruno, Berseche, E. Alfonso, C. M. Fernandez, Veiga, Llambidi, and A. Fernandez.

Miss Alves, the Matron, is a Portuguese lady, brought up in China, who was trained at the General Hospital, Birmingham, and is a member of its Nurses’ League. Certainly there must be a Montevideo “purse” all to itself, and the donors must be invited to nominate someone to present it.

STATE REGISTRATION.

We hope the members of the Society for State Registration of Nurses have made a note of the date of their Annual Meeting, which is to be held on July 16th, at 11, Chandos Street, W., at 4.30 p.m. Dr. Chapple, M.P., and others will attend and speak on the progress of the movement. Mrs. Walter Spencer, with her usual kindness, invites all those present at the meeting to tea at 2, Portland Place, W.

Registration still continues to be widely discussed in the press. Mrs. Bedford Fenwick points out, in Tuesday’s Daily Graphic, in the discussion on “Women’s Discontent—and Why,” the justifiable reasons for discontent upon the part of trained nurses. The Englishwoman for July has a fairly accurate article on the question, and “Ulysses,” of the East Anglian Daily Times, has simply spread himself on the anti-registration shibboleths trotted out from the London Hospital for a quarter of a century.

The Canadian National Association of Trained Nurses holds its Annual Meetings on July 10th and 11th at Halifax, Nova Scotia. Registration monopolises the Programme on the second day. A résumé from each Province will be presented. Nova Scotia, New Brunswick, Prince Edward Island, Ontario, Quebec, Saskatchewan, Manitoba, British Columbia, and Alberta. This proves the widespread interest of the Canadian Nurses in this question, so important to the well-being and progress of their profession. Miss M. Breay has been invited, as Hon. Secretary of the Society for State Registration of Nurses, to contribute an up-to-date report of the question in the United Kingdom. This she has done. The Canadian nursing world is well informed as to the disgraceful manner in which the demands of English nurses for legal status have been treated, and are warmly interested in our success. All our Dominions still suffer from the dumping of inefficiently trained women from the Mother Country. Our good nurses who emigrate are so excellent, they want all guaranteed of the right standard.

ANTI-REGISTRATION TACTICS.

As we have previously reported, Lord Knutsford is engineering an anti-registration Protest from the London Hospital as a counterblast to the Petition issued by the Central Registration Committee, the Appendix to which has been signed by 525 matrons and
superintendents of nurses from all parts of the United Kingdom.

He is also circularising the medical profession to oppose legal status being granted to nurses, a privilege they of course enjoy themselves.

Several matrons have written to us asking if we can “show up” the ambiguity of the London Hospital tactics. They have received the following letters:

London Hospital,
Whitechapel, E.
June, 1914.

Dear Madam,—Please excuse typing as I am so very busy. Have you been able to sign and get signatures to the Protest against the Registration Bill?

We have received 100 letters from Matrons against the Bill, and only 38 in favour so far.

Yours faithfully,
Knutsford, Chairman.

It will be observed that this letter infer that Lord Knutsford has invited signatures for and against his Protest. He has done no such thing. All he has asked for is that matrons should sign and get their nurses to sign against Registration. No doubt 38 registrationists notified him they were in favour, as he sent stamped envelopes for a reply; the majority of the recipients no doubt ignored the communication.

The second letter is as follows:

London Hospital,
Whitechapel, E.
June 12th, 1914.

Dear Madam,—Thank you for your letter about the Bill for the State Registration of Nurses. Have you studied the composition of the Council to whom it is proposed to hand over the whole future of nursing?

This body is to consist of 21 persons, only 8 of whom are to be registered nurses. Of the rest, 9 are to be medical practitioners (or, as an alternative, 8, and 1 registered male nurse), 1 mental nurse, and 3 nominees of the Privy Council. The Nurses on the Council are therefore to be in the minority, and there is no guarantee that there will be on this Council a single Acting Matron or any nurse Training School.

Yours faithfully,
Knutsford, Chairman.

Lord Knutsford’s deductions are, of course, very erroneous. The nurses are not in the minority on the Central Nursing Council. The Bill provides for 10, 8 to be elected by the registered nurses, including matrons, as their direct representatives—all of whom may be Acting Matrons if they choose, and of whom four must be, or have been, matrons of general training schools for nurses, 1 to be a mental nurse, and 1 may be a male nurse. Moreover, there is nothing in the Bill to prevent the Privy Council appointing 3 nurses if they choose! But the Bill wisely provides that the nurses’ representatives are elected by the registered nurses themselves, and from past experience of the manner in which many Acting Matrons in London have associated themselves with their reactionary committees against the educational and economic interests of the nursing profession as a whole, nothing could be more dangerous to progress than that the entire power on the governing body, of the nursing profession, should fall into the hands of irresponsible committees through such means.

We would ask Lord Knutsford, who is apparently so very anxious for the representation of nurses on the Nursing Council, how many matrons, nurses, or lay women have seats on the House Committee of the London Hospital, which employs 700 nurses—or on the Central Hospital Council for London, which secretly projected the Nurses’ Directory Bill?

There is no need to wait for an answer. There is not one woman of any description whatever on either of these committees. The nurses’ work, and their entire lives at the London Hospital, are absolutely governed by men, and men, moreover, of the autocratic type of Lord Knutsford. The Nurses’ Directory Bill, which he drafted, provided that one man should have the power of inserting and eliminating the nurses’ names from the Directory. A dangerous and intolerable monopoly indeed, which was exposed by the registrationists, and defeated in the House of Lords.

THE NIGHTINGALE FUND.

PROPOSED NEW SCHEME OF SCHOLARSHIPS FOR NURSES.

The Nightingale Fund owes its origin to the recognition by the nation of the work done by Miss Nightingale in the Crimea. The sum offered to her she applied in various ways for the improvement of nursing and particularly in founding what was then the only and the pioneer school for the scientific training of nurses. This school was connected with St. Thomas’ Hospital, where it still remains, and has served as the model for the numerous training schools which now exist, both here and abroad. The Fund is administered by a Council, acting under a trust deed drawn up in the lifetime of Miss Nightingale herself. Applied at its inception in pioneer work in nurse training, the Council is strongly impressed with the belief that this object should remain as one of its guiding principles today.

The pattern set by Miss Nightingale in 1860 has been widely followed; and in the ordinary training of nurses no more pioneer work remains to be done. The Council has therefore been considering whether there be not something yet
lacking in nurse-training, in which their Fund could enable them once more to lead the way.

It is from the ranks of trained nurses that must be drawn those who are called to fill the higher posts in the profession, matrons, superintendents, inspectors, and the like, and, while the demand for these grows ever with the growth of the movement, it becomes increasingly difficult to find a due supply of fit and proper persons to fill such posts. Many women to-day are admirable nurses, but their training has not reached beyond nursing; for filling the higher posts a wider knowledge of administration and social work is needed, which the existing training schools do not give. Nor are they to be blamed for the omission, so multifarious have the items become which now go to the training of a nurse, that they have no time for it.

It is this further and fuller training that the Nightingale Council now propose to offer in the form of scholarships, to be called Nightingale scholarships. The scheme is not yet fully matured, but its outline is briefly this, the Council offer every year a limited number of scholarships to nurses who have obtained a certificate after three years' training in some recognised school. These scholarships will entitle the holders to a year's training at the Household and Social Science Department of King's College for Women in the University of London. This department, which will be carried on in new buildings now in course of erection on Campden Hill, has specially applied itself to the teaching required. Its specially fitted laboratories are in close proximity to the experimental kitchen and laundry, which form a portion of the Hostel where the practical arts are taught.

The College has met the Council in every way in the preparation of a suitable course, so conceived as to embrace both theory and practice. Every endeavour will be made to keep in view the object of the course, namely, to equip trained nurses to undertake the responsible positions they are likely to be called on to fill. The subjects chosen will, to this end, be dealt with largely from the practical point of view; and, as experience adds to knowledge, this, the first scheme, will no doubt be modified later, both by omission and addition. It is also intended to ensure the elasticity of the scheme by introducing the principle of alternative subjects, so that a scholar shall be able to select such courses as shall seem most likely to help in the ambitions she may have placed before herself.

The value of the scholarships will be adjusted to meet the tuition fees, to provide maintenance during the year, and to compensate in some degree for the salary the year's training will oblige the scholar to forgo. The new buildings of the College include a Hostel in which scholars would be able to reside should they so wish.

The scheme is experimental, and its continuance must depend upon its success. If, as the Council believes, the principle be a wise one, its application can be varied with the years, until an ideal be reached.

THE NATIONAL COUNCIL OF TRAINED NURSES.

THE BIRMINGHAM CONFERENCE.

(Concluded from page 575, Vol LII.)

AFTERNOON SESSION.

JUNE 11TH.

Miss Hannath, Matron of the Wolverhampton and Staffordshire General Hospital, and President of the Midland Association of Matrons and Lady Superintendents, presided at the Afternoon Session on June 11th, and spoke of the increasing interest taken by nurses trained in general hospitals in asylum work. When a Nurses' Registration Act was passed, and a system of reciprocity could be adopted under State Authority, it would be a great step forwards.

THE VALUE OF TRAINING IN THE NURSING OF MENTAL DISORDERS.

Dr. Bedford Pierce, Medical Superintendent at the Retreat, York, said that the improvement in the status of the nurse employed in our hospitals for the insane might be said to date from 1890, when the Medico-Psychological Association instituted a prescribed course of training and organised the examination for proficiency in mental nursing. This examination gradually became an important factor in the training of nurses. From the first the written part of the examination was conducted simultaneously in all parts of Great Britain and Ireland, and papers were set by the examiners appointed by the Association. The oral part was conducted by the local Medical Superintendents assisted by Assessors.

Since then the period of training had extended from two to three years; the number of candidates had steadily increased as the value of the certificate became recognised, and at the last preliminary examination more than 1,000 nurses, male and female, presented themselves. Five years before the examination was instituted the first edition of the "Handbook for Attendants for the Insane" was published by the Association.

The speaker said that his interest in the subject was awakened as soon as he left a large London hospital in 1891 to study the practice of psychiatry in various institutions in England and Scotland.

At that time the contrast between the hospital and the asylum nurse was most striking. In many of the institutions for the insane the nurses were called female attendants; they had no uniform. They were employed first in the capacity of wardmaids and developed into attendants if they were found suitable. There was no training, no lectures, and no incentive whatever to take an intelligent interest in their patients' maladies.

He was not suggesting that the patients were neglected in those days, or treated harshly or unkindly. That was not the case. Kindness of heart, sympathy, tact and many other essential qualities of character were found in all classes of life, but coming straight from a hospital, where
retired, cultured women were nursing unrefined and uncultured patients he was struck with the fact that in hospitals for the insane uncultured women were nursing ladies of refinement, and, more than this, were placed in authority over them to a far greater extent than obtained in a general hospital.

He therefore determined to do his best to alter this state of affairs and received the cordial support of his Committee, who built a nurses' home and provided the nurses with greater comforts. The main burden of caring through this revolution fell upon the Matron, Miss C. E. Thomasson, who went to the Retreat, sixteen years ago, having been for a long time Night Superintendent at the Queen's Hospital, Birmingham.

Dr. Pierce then described the course of training given at the Retreat, York, of which he is Medical Superintendent.

In regard to examinations, he was of opinion that the important thing was the training and study which they stimulated. He found it difficult, he said, to explain wherein the training of a nurse in a hospital for the insane essentially differed from that in a general hospital. In both cases patience, self-control, and all the Christian virtues were required, as well as intelligent obedience, but it seemed to him the faculties needed in mental nursing covered a wider range than those required in a sick ward. Much less technical skill was needed, and the nurses' duties to only a limited extent consisted of actually doing things calculated to give relief. There were no fixed rules, and very few general principles. In diseases of the mind the whole realm of intelligence was involved, something far more subtle and mysterious than the symptoms of the most obscure disease of the body.

The speaker then proceeded to show that there were two schools of thought in relation to the causation of mental disorders. In one it was assumed that insanity depended upon structural changes of the brain and nervous system. Disciples of this school openly stated that all insanity was either transmissible or toxic. Mental disorder therefore was due to some definite injury or to the effects of poisons which might be introduced from without, or developed within the body.

The other school considered that insanity was due in large measure to psychical causes, and was directly caused by fear, disgrace, bereavement, or any other adverse influences that caused shock or mental stress. Modern developments of this school indicated that symptoms might arise unconsciously from the indirect effects of repressed desires, and it was claimed that no cure could be effected until the whole train of morbid thoughts were analysed and the symptoms traced to their source in the past life of the patient.

Both these widely differing views were correlated to the twofold aspect of the mental nurses' training. In regard to the physical side of the question, a mental nurse must have some knowledge of nursing, and be trained to observe any departure from health. In a sick ward there was a natural tendency to treat only the ailment for which the patient was admitted, and to pay little attention to other morbid conditions. Such a limited outlook was a serious matter in a hospital for the insane where the utmost care must be taken to investigate, search out, and remove factors disturbing the bodily health, none of them sufficiently obvious to justify admission to a general hospital. For instance, many weeks might be spent in combating the consequences of malnutrition. In time the tongue would lose its gloss, the bodily weight would creep up, until all at once the horrors of melancholy disappeared, to be replaced by a joy in convalescence unequalled in any other disease. The change in the bodily health, however, preceded the alteration in the mental outlook.

The speaker emphasised the need for observation in the care of the insane. They often did not complain, and the existence of disease might easily be overlooked. He once noticed a chronic patient, during an interview with her relatives, breathing rapidly, and on examining her chest found one side almost full of fluid; yet neither nurse nor doctor had observed anything amiss. A nurse whose powers of observation were acute would recognise early the first indications of disease, and save valuable time, and prevent disastrous developments.

The second part of the subject was concerned with the psychical influences which directly affected the minds of the patients—psychical treatment as opposed to physical. The ground here was much less certain, for there was little definite to teach. It was not possible to say what ought or ought not to be done in any particular emergency, for in dealing with mental symptoms so much depended on circumstances. There were, consequently, few rules to guide the nurse.

Nevertheless there was no doubt as to the value of training, especially it supported by long experience. Anyone who compared a mental nurse's equipment, her general outlook, and her ability to help and control her patients, before and after a course of training, would have no doubt that there had been developed an extraordinary increase in strength and capacity. The speaker then discussed the question of the nurse's influence on her patients under three heads—

(i) Understanding the patient.—The first step was to win the patient's confidence. Many persons otherwise the soul of honour would think any deception perfectly justified when a patient's mind was disordered. Dr. Mercier had said that he could conceive of circumstances which might render it right to deceive a sane person, but could think of none that justified the deception of an insane person.

It was no easy matter to ascertain the nature of a patient's difficulties. Here experience told. Fundamental qualities of character such as sympathy also came in, but unless the nurse had much experience of the symptoms of mental disorder her native insight and natural sympathy
would avail little. In this question she must be educated, or her sympathy would certainly lead her to take risks that would lead to disaster.

The Removal of Disturbing Factors.—These fell under two heads (1) those external to the patient; and (2) those internal. The former included the general conditions under which the patient lived, many of which a nurse could not alter, but she could encourage the patient to meet adverse conditions in a proper spirit. Internal disturbing factors might not fall within the province of the nurse, and the patient might resent enquiry into his affairs. Yet if it rarely happened that a patient would give his confidence to the nurse, and to no one else.

In recent years the consequences of internal conflict had been more fully studied. It had been shown that repressed desires, the long maintained struggle between pleasure and duty, in other words the stress of unhappy conditions of life, caused unexpected mental symptoms.

Apart from this, strange conduct, violence, every kind of mental derangement arose from some definite cause if we could succeed in tracing it. Only the understanding mind had any hope of finding a remedy.

Re-education.—The nurse must not be content with understanding her patient. New interests must be awakened, old ones revived, confidence restored, self-control acquired. In countless ways the resourceful nurse must strive to combat the consequences of mental disease. She would take comfort by noting that the proportion of recoveries was quite as large as in most other forms of disease. Fully 40 per cent. of the new cases admitted recovered, and though no doubt many relapsed the results of treatment were in reality very satisfactory.

The Welfare of the Mental Nurse.

The speaker said he was satisfied that the time had arrived when co-operation between the various branches of the nursing profession was urgently needed. Some understanding must be reached as to what the term trained nurse meant, and what was the true value of a certificate. A central authority was required to decide first what the training was to be, secondly what institutions were qualified to give it, and thirdly under what circumstances a nurse already trained in one department of nursing could continue training in another. No doubt some institutions would stand aside when such an arrangement was proposed, and would consider themselves all sufficient; but this should not deter the nursing statesman or stateswoman, from going forward. In time all would be obliged to come into line. When mental nursing was first organised several institutions declared their system of training far better than that proposed by the Medico Psychological Association. Yet few if any could afford to neglect its certificate now, as they would lose the services of promising nurses, who rightly demanded a recognised qualification.

The speaker suggested that nurses who intended to devote themselves to mental work should be encouraged to obtain a year’s training in a good general hospital. Further, it would add greatly to the efficiency of nurses trained in general hospitals to spend twelve or at least six months in a hospital for the insane, and take out a course of lectures on mental nursing. It would greatly widen their outlook, so that infirmity of mind and temper, and waywardness of conduct, would be seen in an altogether different light. Secondly, that any nurse who wished to obtain a double qualification should be able to obtain the second in less time than a totally untrained person, say the two in five or six years. A nurse who was just leaving the Retreat after four years’ mental training would have to spend four years on her general training. Five or six years was quite long enough to learn the work, and to earn only a nominal salary.

DISCUSSION.

Miss Carse, Matron of the Monyhull Colony for Epileptics, King's Heath, opening the discussion said that from the time she had any knowledge of nursing she had held the mental nurse disdained. She had never been able to understand why this attitude was adopted.

When she was appointed Matron of the Monyhull Colony she was asked what nurses she was going to employ, and she at once said asylum trained nurses. What was the use of appointing those accustomed only to the care of acute general cases to care for these chronic epileptic cases? She must have someone to understand their special needs, and meet it intelligently. The Committee agreed with this view, and nurses trained in mental work were appointed. In cases of acute illness, an Assistant Matron took charge of the case.

She did not think that either hospital or infirmary nurses had been fair to the asylum trained nurses, who, of late years, had been as well educated as hospital nurses.

When State Registration of Nurses came into force, she hoped there would be a special branch for mental nurses. She did not say mental nurses were fit for operation work, but they were specially suited for the care of the feeble-minded and of epileptics. These poor patients, when they came to Monyhull, had no ideals, except sleeping, eating, and getting through the day. It took tact and patience to break down this indifference, and to teach them to take their share of the work of life. It took five colonists at Monyhull to do one normal person’s work; but with care and patience they could be taught. She had to thank the nurses in direct touch with the colonists for the good results attained at Monyhull.

Miss Mary Gardner, Matron of the Midland Counties Sanatorium, Blackwell, said that she was not a mental nurse, but she realised that, of all nursing, the care of mental patients was the most arduous and exhausting.

Dr. Bert Jordan, Medical Officer to the Monyhull Colony for Epileptics, said that Dr. Pierce
remarked that he had found uncultured and uneducated women nursing educated ladies in a mental hospital. The problem which Miss Carse had had to solve at Monyhall, and had solved successfully, was to find cultured people to nurse the patients there, and every one of them put forward, on behalf of the lowest, the highest qualities of mind and heart.

It was supposed that in a place like Monyhall the nursing of the patients was easier than that of acute cases, and, since the colony had opened, one or two of the attendants, when they first came, had thought the task easier than looking after the mentally defective.

He was an absolute non-believer in the same epileptic. No epileptic was absolutely sane, and none were less sane than those coming from the lowest classes. The attendants at Monyhall found that to draw out the little bit of mind possessed by these patients took more out of them than to nurse the insane in asylums. That they could be taught was proved by the specimens of drawn thread and other work done by colonists, after a couple of years training, on view in the Exhibition.

He had talked chiefly of Monyhall, because he was proud to be connected with this pioneer colony.

Mrs. Bedford Fenwick said that she was glad to hear the chairman plead for the representation of the class of mental nurses under a Nurses' Registration Act. The Nurses' Registration Bill, in charge of Dr. Chapple, provided that a representative of the Medico-Psychological Association should have a seat upon the General Nursing Council, and that the nurses registered in the Mental Nurses Register should elect a direct representative. The examination of mental nurses was left in the hands of the pioneer society.

She would like to see as little distinction as possible between the various branches of nursing. She could not understand why nursing of diseases of the brain should be treated absolutely differently from that of any other organ of the body. Reciprocal training could only be enforced by a Nurses' Registration Act. She deprecated the necessity for any nurse to have eight years' training; it was prohibitive. A variety of curricula must be defined. It was not necessary for all nurses to have exactly the same training so long as they had a sound basis of general training.

When the Central Committee for State Registration was formed the Asylum Workers' Association was the only body representative of nurses' special interests, which did not nominate, as requested, representatives on to the Committee. Nevertheless, the necessity for recognizing the claims of mental nurses was realized, and representation provided for them on the Governing Body as such in the Nurses' Registration Bill.

Miss Musson said that reciprocal training had been discussed for years. The Metropolitan Asylums Board, when they were desirous of establishing reciprocal relations with general hospitals, found it hard work to get any hospital to meet them. The great Miss Isla Stewart, at St. Bartholomew's Hospital did so, and there were nurses now who held the joint certificate of St. Bartholomew's and the Metropolitan Asylums Board. The Committee of the General Hospital, Birmingham, had also joined the scheme, and M.A.B. nurses came there as second year nurses. The hospital could not, however, open its doors to all who wanted to come on these terms, or it would have no first year nurses. A difficulty was that the teaching which nurses coming from special hospitals had had was not sufficiently uniform, some came in of great use, others not only knew little, but had much to unlearn. Greater uniformity of training was wanted—a standard textbook and standardised training.

One reason why she found it difficult to take asylum-trained nurses was that the asylums in the neighborhood took a rough class of nurses, such as the hospitals took as wardmaids. If she dismissed a ward maid she was not at all sure that she would not be taken on as a nurse at an asylum. This should be altered. The best could be achieved by all working together for the common good.

In the course of his reply Dr. Bedford Pierce said that he had followed the discussion with great interest. He admitted that there was an extraordinary difference in the personnel of asylums, and emphasized also that there was no uniform standard in hospital nursing. It would be very beneficial if general nurses knew more of mental nursing. As Mrs. Bedford Fenwick had indicated it was unfortunate to draw a sharp line of distinction between mental and bodily disease. A mental patient could not go to a general hospital, he must be segregated. He thought that general hospitals should have pavilions for early mental cases, a method adopted at the Charité Hospital, Berlin, and in America, where special pavilions were assigned to these cases, and they had every advantage of a fully equipped general hospital.

The Asylum Workers' Association was not a large or influential body. Comparatively few nurses belonged to it. He was gratified to hear that the Medico-Psychological Association was recognizing as the body which should examine mental nurses under a Nurses' Registration Act.

**NURSING IN PRISONS.**

Mrs. Maxwell St. John, R.R.C., who presented the next paper, said that, so far as she had been able to ascertain, there was in the prisons of England and Wales to-day one nurse with a three years' training doing ward duty. She had trained an assistant who had worked under her for some years. This was in Aylesbury Women's Convict Prison. In Holloway Prison the matron's nurse had had nineteen years, and the other charge nurse fourteen years, prison hospital experience. In the men's prison the nursing was done by old R.A.M.C. men, and ex-sick-beth
stewards of the Royal Navy. No women were regularly employed in men's prisons, but in small prisons, where the nursing staff was inadequate, trained women nurses could be requisitioned in special emergency, and this had been done. All wardresses received special instruction from the medical officer during their four months probation.

The hospital staff was not taken for other duties, but was subject to the same "discipline," being liable to fines and other punishments in the same way as the ordinary prison officers.

The speaker advocated the presence in all prisons, those for men as well as for women, of carefully selected fully-trained nurses to act as hospital Sisters; to go round all the cells, make the acquaintance of all the prisoners, help the medical officers in looking after the many details of their health and well-being, attend to minor ailments, see to the general sanitary conditions, and promote a good tone and atmosphere throughout the prison. It seemed to her impossible for two medical officers alone to attend satisfactorily and in detail, to the health of 700 to 1,200 prisoners, without the help of trained nurses, in the way suggested.

Discussing these matters one day with a doctor who was governor of a prison in India, he looked shocked, said Mrs. St. John, and said that prison was not a place for ladies. She thought the answer was that the sooner prison became a place for ladies the better. Indeed, in England it had already, had it not, become a place for ladies. They had done some useful ventilating for which we owed them deep gratitude. She seriously asked her sister nurses whether they did not feel that prison was eminently a place for them. Nurses' vocation was to tend the sick in body. Why not also the sick in mind, and in soul? Surely where the outcast, the desolate, and the oppressed, were there was their place.

We propose shortly to print Mrs. St. John's paper in full, as it is one which provided ample ground for discussion, but owing to the fact that the Committee were anxious to provide time for a short paper by Sister Arendt, no time could be spared at the Conference.

SLAVERY OF WOMEN AND CHILDREN.

Sister Henriette Arendt, formerly a police assistant in Stuttgart, and the first woman in Europe to hold such a position, speaking on "The Slavery of Women and Children, and Votes for Women," said that she did not enter into politics, but she was a fully-convinced Suffragist, because eighteen years of work as a nurse, on the drink question, in the course of the inspection of prisoners and prostitutes, had shown her the urgent necessity for women's enfranchisement. Nowhere could the awful injustice done every day to these women be seen better than in the last-mentioned position. As the French author, Minod, pointed out, "It is the man who creates the prostitute, it is he who humiliates her, and when he has driven her to the deepest abyss he calls in the police to give the last blow."

In the course of her duties as police assistant in Stuttgart Sister Arendt said that she found many of the poor women whom she supervised had had children; they had been abandoned by the fathers of their children, and in their misery advertised for people to adopt them, and so had been relieved of them. In most cases the mothers did not know who the people were or what had become of the child. Then she began her detective work, which was now her chief work. She also put advertisements in the papers that she would like a child adopted, and also that she herself wished to adopt a child, and other advertisements, and by these means discovered an organised traffic in children, for different purposes, spreading over the world. These were (1) baby-farming, (2) hiring them out to work in order to make a profit, (3) hiring them out as beggars, (4) for immoral purposes. The first man who wanted to adopt a child was one who had spent nearly the whole of his life in prison, on account of fraud and deceit. His profession was to take little girls and sell them to immoral houses. Another wrote to Sister Arendt that he could provide her, monthly, with 3,000 children of every nationality, and nearly all those who answered her advertisements were people of this kind. She complained against these people for traffic in children, and thought that, as a matter of course, the German authorities would assist her in the fight against this horrible traffic, but she was very much disappointed. The police did not think of rescuing these poor helpless children, but forbade her this work. She had a letter in which the authorities of Stuttgart ordered the police to keep the police assistant, Sister Henriette Arendt, so much occupied that, with the best will, she would not have time to reveal such a terrible condition of things, so unwelcome to the authorities. There were authorities not only in Germany, but also in other so-called Christian nations, who shut their eyes to the misery of women and children, because it was inconvenient to them, and gave them work; authorities who abandoned thousands of poor children to their misery, instead of rescuing them. The slavery of women and children existed because these authorities were only men, and would exist until there were men and women working together.

She had had to give up her good position, and sacrificed her means of subsistence, to fight against the traffic in children. She had heard the cry of these little white slaves and regarded it as her holy, God-given duty to reveal this awful traffic and to rescue these victims. For the support of her family of 1,400 children, of all nationalities, and of all faiths, she depended on her lectures, her books, and on voluntary contributions from the charitable public. The traffickers in children had several times made attempts against her life, the authorities were always fighting against her, but God, who gave her this mission, was with her. She was proud to be the mother of these 1,400 little children, and to have helped 5,000 men and women who had lost the path to become respectable members of society.
The fight to acquire equal justice was a fight against the women of all nationalities, as was that against the traffic in adult White Slaves. The fight against the traffic in little White Slaves ought to be a duty of every man and woman of all nationalities; yet at the present time she was fighting almost alone. In the name of these little White Slaves Sister Arentz begged her hearers not to turn a deaf ear to their voices. "Come," she said, "and help us!"

JUNE 12TH.

VOTES OF THANKS.

On Friday morning the Conference re-assembled when Miss Musson took the chair and the following votes of thanks were proposed and unanimously adopted:—To the Lord Mayor and Lady Mayoress of Birmingham, proposed by Mrs. Bedford Fenwick; to the Committee of the General Hospital, Birmingham, and especially to the House Governor, Mr. Howard Collins, by Miss M. Huxley; to the Lord Bishop of Birmingham, by Mrs. G. H. Rogers; to the speakers and readers of papers, by Miss M. Wright; to the General Hospital, Birmingham, Nurses' League, by Miss M. Breay; to the gentlemen of the press, and the staff of The British Journal of Nursing, by Miss B. Kent; to the Mayoress of Worcester, the Directors of the firm of Messrs. Southall Bros. and Barclay, and Messrs. Cadbury, by Mrs. Bedford Fenwick.

Miss Musson in acknowledging the vote of thanks to the League, mentioned specially the work of the Hon. Officers, and of Miss Macfarlane, its Hon. Secretary, and of Miss Hay, who took charge of the Secretarial work in Room B, during the Conference. She also acknowledged the activities of The British Journal of Nursing.

The Conference then terminated—many members of which met later at the various social gatherings, already reported in this Journal.

Next week we shall publish an article on the interesting factory of Messrs. Southall Bros. & Barclay Ltd., at Charlton Mills, Saltley.

THE L.C.C. AND THE BRITISH LYING-IN HOSPITAL.

The London County Council at its meeting on Tuesday, had under consideration the scheme of the Charity Commissioners for the amalgamation of the Home for Mothers and Babies at Woolwich and the British Lying-In Hospital, Endell Street, W.C. As a matter of urgency the Local Government, Records, and Museums Committee reported, they had asked the Charity Commissioners to amend the scheme, either (1) by restricting the benefits of the charity to residents within the County of London, or (2) by making it clear that there are no limitations in the area of benefit, and that the location of the new hospital in Woolwich has no significance in regard to patients or students.

APPOINTMENTS.

MATRON.

St George's Hospital, London, S.W.—Miss Elsie Cooper has been appointed Matron. She was certificated after three years' training at King's College Hospital, London, in 1907. She was appointed Sister of a surgical ward at the Royal Free Hospital, W.C., in 1908, and was promoted to be Assistant Matron in 1912, a position she still holds.

The Sanatorium, near Chesterfield.—Miss Margaret Martin Meldrum has been appointed Matron. She was trained at the London Hospital, and was for ten years Matron at Friedenheim Hospital, and two-and-a-half years Matron at Mount Vernon Hospital.

Dundee District Asylum.—Miss Edith Weir has been appointed Matron. She was trained at the Dundee Royal Asylum and the Royal Infirmary. Dundee, and subsequently held the position of Assistant Matron at the Dundee District Asylum. She holds the certificate of the Medico-Psychological Association.

NURSE MATRON.

Coatville Residential Dispensary, Leicestershire.—Miss Meta C. Mercer has been appointed Nurse-Matron. She was trained at Richmond, Whitworth and Hardwick Hospitals, Dublin, and has been Sister at the Allen A. Ryan Home Hospital for Consumption, Dublin, and at the County Sanatorium, Mowsley, Leicestershire. She has also had experience of private nursing.

SISTER PRELIMINARY TRAINING SCHOOL.

Queen Charlotte's Lying-in-Hospital, Marylebone Road, N.W.—Miss J. Allen has been appointed Sister of the Preliminary Training School. She was trained at Guy's Hospital, where she was Staff Nurse, and has also been Matron of the Mold Cottage Hospital.

SISTER.

Scuola Convitto Regina Elena, Florence.—Miss Lydia Brand and Miss Alice M. Cullen have been appointed Sisters. Both ladies have been trained at the Royal Free Hospital, London, and the former also holds the certificate of the Central Midwives Board.

HEALTH VISITOR.

Cambridgeshire County Council.—Miss Kate L. Börne has been appointed Health Visitor. She was trained for three years and certificated at the North Devon Infirmary in general nursing, and for four months at the Devon and Cornwall Training School, Plymouth. She has held general hospital appointments, and is a certified midwife. She holds the certificate of the Royal Sanitary Institute as a Health Visitor, and has had experience in connection with tuberculosis as Staff Nurse at the Brompton Hospital for Consumption, and when doing holiday duty at the Plymouth Tuberculosis Dispensary, and in connection with Home Visitation at Plymouth.
QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss E. Lumsden, late Matron, is permitted to retain the badge of Queen Alexandra's Imperial Military Nursing Service, in recognition of her services (June 27th).

Miss Ida Marion Saker has been appointed Charge Nurse at the Military Families' Hospital, Shorncliffe. She was trained at the Southwark Infirmary, East Dulwich, where she has held the positions of Ward Sister and Senior Night Superintendent. She has also done private nursing in connection with St. Peter's Nursing Institution, St. Alban's; and obtained her midwifery training at the Louise Margaret Hospital, Aldershot.

Miss A. M. Pearson has been appointed Charge Nurse at the Military Families' Hospital, Devonport. She was trained at the Kingston Union Infirmary, and has done private nursing.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Ellen Briggs is appointed to Llanrannoch and Cornwall; Miss Mary W. A. Gillmor, to Helston Bridge; Miss Mary Alice Hawkes, to Bromley; Miss Ada Milner, to Garston; Miss Elsie M. Noel, to Edensor.

PRESENTATION.

Nurse Forrest, who is leaving New Hartley, Northumberland, for the South of England, was recently the recipient of a silver tea and coffee service and several other handsome presents.

During her record stay of 11 years in Hartley, Nurse Forrest has won the goodwill and appreciation of all, and carries with her into her new sphere of life every good wish from the inhabitants of Hartley, where she will be greatly missed.

Nurse Tait has been given a purse of gold by the Nursing Committee on her leaving Bishop's Waltham for Canada. The Rector (the Rev. H. E. Thorpe) made the presentation.

THE ASSOCIATION OF SUPERINTENDENTS OF NURSING HOMES.

We are asked by Mrs. Arthur Stabb to say that the Rules of the Association of Superintendents of Nursing Homes have been sent out to Superintendents in the London districts inviting applications for membership. If any Superintendents have not received a copy Mrs. Stabb will be pleased to send them at once, on application to her at 132, Harley Street, W.

THE PASSING BELL.

The death, from pneumonia, of Nurse Williams, who worked at Bodmin, Cornwall since her appointment in 1866, with steady, unflagging zeal, winning all hearts by her kindly sympathy, is widely lamented. The whole town mourns the loss, not only of a most excellent nurse, but of a kind and sympathising friend. The funeral took place at Bodmin and was largely attended.

NURSING ECHOES.

The selection of a new Matron at any of the leading London hospitals with large nursing schools attached is naturally a matter of importance to the profession as a whole, and the announcement that the Committee of St. George's Hospital, Hyde Park Corner, has appointed Miss Elsie Cooper, Assistant Matron at the Royal Free Hospital, to the influential position of Matron, will be received by a large number of colleagues with sincere pleasure. During her ten years' hospital work Miss Cooper has won for herself a high reputation for professional efficiency, and the respect and affection of those with whom her duties have brought her into contact. We congratulate the Committee of St. George's Hospital on their wise choice, and Miss Cooper upon her professional promotion.

It has now been decided that the International Medals, of which 6 are to be awarded biennially to certified nurses who have rendered distinguished services to the State in peace or war, by the International Red Cross Committee, shall bear the effigy of Miss Nightingale.

It is the ambition of every hospital to keep up to date both in methods of work and in necessary implements and furniture for the efficient execution of this work, and many institutions are sorely tried by the increased demand for capital which modern improvements require. The York County Hospital has within the past year expended much time, money, and thought on many alterations and improvements which were most necessary, and have since been much appreciated, especially by the nursing staff, whose enthusiasm has been thus fired with a desire to do their share in the work of reform. With great enterprise and esprit de corps they organised a Cake and Candy Fair, which was held on Thursday, June 25th. The opening ceremony took place in the Hospital Board Room, where the nurses had very tastefully set out their stalls of tempting dainties; the Dean of York (the Very Rev. A. P. Purey-Cust), who is President of the Hospital, presided, and the Hon. Mrs. Lumley opened the Fair with a few kind words of approval of the nurses' scheme. After the visitors had made their purchases they were served with tea in the grounds by the nurses, and further refreshment was offered them in the form of strawberries and cream on the shady balcony of the children's ward. The Fair proved a great success, and by six o'clock the stalls were empty, and the sum of over £40
had been realised as a result of the nurses’ praiseworthy efforts. This sum will be used to furnish one of the men’s wards with new lockers, as the present lockers in use are most inconvenient to the patients and no ornaments to the ward; the women’s wards have already been refurnished in this respect, and the nurses are glad to have a share in adding improvements to the Hospital which will directly benefit their patients and greatly add to their comfort, besides improving the general appearance of the ward.

The nurses wish to thank all past members of the nursing staff who have so loyally helped them with their scheme.

At the Investiture held by the King at St. James’s Palace on Monday, Miss Eleanor Sarah Hancox, Senior Lady Superintendent Queen Alexandra’s Military Nursing Service for India, was decorated with the Royal Red Cross, in recognition of the special devotion and competency displayed by her in her nursing duties in military hospitals in India.

Nurses both at the York Union Infirmary and the Ecclesall Infirmary, Sheffield, have petitioned the Guardians for shorter hours on duty. Neither Board appears to consider it possible to alter their present arrangement. The nurses’ suggestions may not have been the best arrangement for the institution as a whole, but we hope the matter of the work and leisure of the nursing staffs in question may receive due consideration from their respective Boards, and that as far as possible some further concessions may be granted. The truth is that in nearly every Poor Law institution the staff needs increasing, if the Matron is to make times on and on satisfactory to the workers, and yet know that the patients are not neglected.

Whether the recent house-to-house collection in Sheffield on behalf of the Queen Victoria District Association will become an annual affair, probably depends largely upon the willingness of the lady collectors to again take up the work they have just laid down, and which realized the handsome total of £758. But that the Association very warmly appreciates their efforts was voiced last Saturday afternoon in the beautiful gardens of Tapton Holt, Manchester Road, when Mr. and Mrs. George Franklin entertained a company of about 79 ladies and gentlemen, including Miss Hancox, the Superintendent, and a number of Queen’s Nurses.

Mr. Franklin has been the treasurer of the Sheffield Queen Victoria District Nursing Association ever since its formation ten years ago; indeed, its establishment was due mainly to the enthusiasm and energy of Mr. and Mrs. Franklin, the latter, in spite of ill-health, still holding the position of co-honorary secretary with Mr. Broad.

The Reports of the Irish Nurses’ Association and the Irish Matrons’ Association appear this week under a pretty “emerald” cover. The reports up to March, 1914, of the activities of both societies are exceedingly satisfactory. All branches of nursing are brought into touch through membership of the Irish Nurses’ Association, which is represented by delegation on the National Council of Trained Nurses, and by delegation on the Central Committee for the State Registration of Nurses. During the year a Midwifery Section has been formed, Miss Ramsden and Miss Reed having taken an active part in its inauguration. Lectures and social gatherings have been arranged and greatly enjoyed.

The Ulster Branch has also a useful record during the year. The following resolution, proposed by Miss Bostock and seconded by Miss Newman, of Belfast, was passed:—“The Ulster Branch of the Irish Nurses’ Association protests against the present improper wearing of nurses’ uniform by unqualified persons, and
suggests that steps should be taken to render it illegal to do so. The Irish Matrons' Association "works for a uniform system of Education and Training for Nurses," and meets to discuss matters of professional interest.

We are glad to know that that admirable institution, the City of Dublin Nursing Institution, 27, Upper Baggot Street, is in so flourishing a financial condition—as shown from the report presented at the recent thirtieth annual meeting.

Mr. W. J. de C. Wheeler, F.R.C.S.I., Chairman, in reviewing the progress of the Institution since its foundation, said the history of the Institution was one of progressive success. It is now, as always, in a position of self-supporting independence. The finances are untrammelled by hospital or other charitable charges, and under the articles of association there are no directors' fees, and no dividend is payable to the shareholders. In this way all the money earned by the nurses is payable to the nurses themselves. For some years, in addition to salaries, the directors have been in a position to pay a bonus to the nurses out of profits. The bonus this year, together with special fees, amounted to £126, in which distribution every nurse participated. These figures do not include grants from an accumulated fund known as "The Pension Fund." From this £126 was awarded by the trustees on the recommendation of the Board to nurses of long and meritorious service, and to those who had contracted illness or were otherwise deserving of special consideration. This sum, with the bonus and special fees, amounted to £120, and is in addition to ordinary salary. The City of Dublin Nursing Institution has always been a supporter of State Registration, which would provide a statutory "Hall Mark" for trained nurses, and so enable the public to discriminate between them and probationers and other partially trained women, in whose charge, under present conditions, patients are frequently placed. The policy of the institution is to train and find employment for Irish nurses, and to use its influence in discouraging any system of sweating likely to deprive them of the remuneration to which they are justly entitled.

Founded on such just principles, the Institution deserves every success, and we hope it has a bright future before it.

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John Hoole, a patient at the Union Infirmary, Blackburn, was sent to prison for a month last week for assaulting Miss Isabella Hunt, one of the nurses.

**LEAGUE NEWS.**

We always look forward to the issue of the League journals, and thus to learn much of what the affiliated societies of the National Council are doing. The Royal Free Hospital Nurses League is editorially advised to study the Nurses' Registration Bill, as "everything that is most worth having has to be fought for . . . lethargy and indifference on the part of the workers themselves is an unforgivable crime, when it is a question of the future welfare of the sick, as well as the economic conditions of the profession." The Bill is therefore printed in extenso, so that there shall be no excuse for ignorance. Very interesting letters are inserted from the Matron of the second Scuola Convitto Regina Elena (founded at Florence) to which a visit from Sister Agnes Karl is recorded. Miss Rosa Law writes from Florida, and mentions "last year we got the State Registration Bill passed, and a State and County Nursing Association formed." The fact that if the nursing profession is to be solid and successful, the nurses must be willing to give financial support is noted. Miss Law writes: "they make no bones about getting money here, if any is needed for anything they just make an assessment of the amount needed and get it." Quite right too.

The League now numbers 137 members and has, therefore, quite justified its existence in three years' time.

**A SUMMER CAMP FOR NURSES.**

**NURSES' MISSIONARY LEAGUE.**

At the little seaside village of Sandsend on the Yorkshire coast there has been gathered quite recently a party which has become known in the village as "the party with smiling faces and muddy shoes." It has numbered forty in all, the majority being present for the whole fortnight, while a few came for a week only. And who are they? With the exception of seven they are all members of the nursing profession, either still in training or in district or private work. Twenty-three training schools are represented, and though the large majority were members of the Nurses' Missionary League before coming, some were not connected with the League at the beginning of the Camp, but all have now joined it.

"The Camp" is be it noted is not under canvas. The members are housed in a red-roofed house, five minutes from the sea, and on the border of the beautiful Mulgrave Woods, to which, by the kindness of the Marquis of Normanby, campers have free access. Beauties of nature, of trees, and ferns and flowers, of wide expanse of sea and sand and cliff, are around on every side, while at a short distance away is Whitby, with its picturesque old fisherman's houses and fine ruined Abbey.

The "Camp" is by no means a formal gathering. Hats and gloves have long been discarded; bathing and paddling are thoroughly enjoyed in the morning, while three ubiquitous cameras are
hard at work. But the treat of the day comes at four o'clock, when, laden with boxes of cake and jugs of tea, the "Camp" makes its way to the sea wall or the woods for its daily picnic.

Perhaps the prevailing note is good fellowship. As one says, who only arrived when Camp was half finished, "I have been very much struck with the free and easy comradeship there is between all." Within a few hours of arrival all were busy learning one another's names, and now all are friends, though a week ago few had met before.

There is a deeper side to camp life. The day begins with prayer or a Bible reading, in which such subjects have been taken as "Discipleship." On some mornings this first gathering is quite short, afterwards members adjourn to the woods or cliffs for Bible Circle, in which four or five together discuss the subject of "The Work of the Holy Spirit." All meetings stop at midday, to leave time for rest and recreation, and then in the still evening hour there is another gathering, when short addresses are given. "The King of Kings and His Claims" and "Meditation" are amongst the subjects which have been taken, while the subject of "Work in the Mission Field" has never been far from the thoughts of Campers. How could it be? For in their midst have been missionary nurses from India, China, West Africa, Palestine, South America, each with a thrilling tale to tell of her work, of conditions of life abroad, and of the tremendous need for doctors and nurses in those distant lands.

The thought of the claims of God upon the life of each individual has been brought home time after time, and in the quiet of the glories of nature each has sought to gain that communion with Him by which alone this claim can be met.

"It has been the best time of my life!" This from one who registered for a week, but has stayed on for the fortnight.

"It is the 'scrummiest' holiday I have ever had."

Those interested in the Camp can get a full account of it in Nurses Far and Near for July, 1914 (price 3d.), obtainable from Miss H. Y. Richardson, 52, Lower Sloane Street, London, S.W.

SCARLET FEVER IN LONDON.

The number of scarlet fever patients in London continues to show a large increase, and it was reported that the number of such patients remaining in the Metropolitan Asylums Board's hospitals on the 20th ult. was 2,457, as compared with 2,157 a fortnight previously. In view of the necessity of providing accommodation for the increasing number of scarlet fever patients, the Hospitals' Committee of the Board have approved the temporary suspension of admissions of cases of measles and of whooping-cough. This is said for the suffering children of the metropolis.

NATIONAL UNION OF TRAINED NURSES.

We have received the following report from the Hon. Secretary of the London Branch of the above Society:

"By kind permission of the Committee of the Midwives Institute a meeting of the London Branch which was very well attended, was held there on Friday, June 14th, to discuss the Bill for the State Registration of Nurses now before Parliament. There was an excellent discussion, in the course of which the opinion was expressed that there seemed little need to discuss the question of the principle of Registration, which might almost be called a foregone conclusion, and whether nurses were in favour of it or not, it was pretty sure to come sooner or later. The provisions of the Bill were criticised and it was felt that amendments could be drafted which would make the Bill more acceptable in some quarters, and that this would be necessary when the Bill had passed its second reading. Members present at the meeting felt that the National Union of Trained Nurses would be in a favourable position to draft such amendments, and on its being pointed out that as the Union is a constitutional society, and had hitherto been inclined to hold aloof from the question of registration, no action of the kind could be carried out without the consent of a majority of the branches, it was decided to ask the Executive of the Central Council from the London Branch if it would be willing to ascertain the opinion of the Branches as to the advisability of the formation of a committee to consider possible amendments to the Bill in the event of its passing the second reading. One of the amendments discussed was the inclusion of the National Union of Trained Nurses among those bodies to be represented on the Provisional Council."

It was inevitable that as soon as the National Union of Trained Nurses got seriously to work, it would be faced with the vital problem of nursing organization by the State, which has been engaging the conscientious consideration of progressive nurses' groups all over the world for a quarter of a century past. No form of nursing can be secure or permanently effective unless it is built up on a basis of legal status. We felt sure the Union would have to realize this fact, and we are glad to note that in spite of "no party" (whatever that may mean) having been proclaimed at several inaugural meetings of branches, that the Union finds that "Registration might almost be called a foregone conclusion."

At the same time if the policy of the Central Office is to be up-to-date, before attempting to amend the Nurses' Registration Bill, we recommend that it avail itself of the expert knowledge of those who have been associated together to effect the organization of nursing by the State, and who have studied this important question in all its bearings for years, in cooperation with the leaders of nursing thought throughout the world, sympathetic members of the medical profession,
men and women of affairs, and politicians of all shades of opinion, all able to give valuable advice, and who after exhaustive consultation for the good of the community, and the nursing profession as a whole, have drafted the Nurses' Bill on a thoroughly democratic basis.

To make the Nurses' Bill more "acceptable in some quarters"—the fundamental principles of "direct representation" of the registered nurses, and the one portal system for registration—a principle accepted in the Midwives Act, would have to be abandoned, and these demands the organized nurses and medical practitioners who form the Central Registration Committee have incorporated in the Bill, and mean to stand by. It is to be hoped the National Union, to placate objectors, will make no attempt to emasculate the Central Nursing Council, and thus betray the best interests of the profession at large. We feel sure it will not do so of "malevolent prepossession," therefore let us hope its members will hesitate to support a disintegrating policy until they have given earnest thought to the whole question, which so far they certainly have not done.

Certain delegates and members of the constituent societies forming the Central Registration Committee have given their sympathy and support to the National Union, but they will find themselves in a very anomalous position, if it proceeds to constitute itself an opposing influence to the Bill they have agreed upon. They certainly cannot remain members of both organisations.

As to the representation of the National Union on the proposed Nursing Council surely it has got to adopt Registration as a plank in its policy, and work and pay for it as other societies of nurses have done for years, before it can justly claim representation. But the cause needs all the support it can gain—let the National Union of Trained Nurses win its registration spurs; it will then be time to consider the guerdon to be awarded.

VISIT TO EDMONTON INFIRMARY.

The Hon. Secretary reports that the members of the London Branch of the N.U.T.N. had a most delightful afternoon for their social meeting at Edmonton Infirmary, which was held by the kind invitation of Miss Dowbiggin, the Matron, and by permission of the Guardians, last Saturday.

Everything was done to ensure a successful afternoon, and the nurses much enjoyed sitting out in the garden and having tea. There were all sorts of sports for anyone who liked to play, and most of the nurses took the opportunity of going round the wards.

At the close of the afternoon a meeting was held. Dr. Mort, the Medical Superintendent, who kindly took the chair, said that he had much sympathy with the movement, and as far as he had been able to gather from the report the National Union seemed to be doing much useful work, and he looked forward to hearing more details from the Central Secretary.

Miss Pye said that the work of the Union was intimately bound up with the history of the nursing profession, as it had been founded to carry on the ideals which the great founders of it had upheld. She gave a sketch of the evolution of nursing and of the history of the National Union, which she said was not a trade union but a union to uphold the best traditions of the profession. It was growing with remarkable rapidity, two new branches were starting immediately, and there were several places coming forward. She said that the Union wanted to have a great institute of nursing in London with a library, club room, information bureau, and many other things that would be a great boon to the profession. One of the Branches, that at Liverpool, also wanted to have headquarters there, and had raised the sum of £700 in three months for their headquarters. London did not seem to be able to do anything of that kind.

The Chairman of the Edmonton Board of Guardians said that he hoped that the appeal would meet with the support it deserved.

Another Guardian who was present asked why the Union should not be a trade union, and the reply was given because in the first place nursing was not a trade, the first consideration with a nurse was her work and not herself. Trades unions aimed only at better conditions for the workers, but the members of the National Union of Trained Nurses aimed at making themselves better fitted for their work, and more able to help their patients. For instance, the trade union in the shoe trade aimed at better conditions for the workers, not at making better shoes. Nurses dealt with people and not with things, and their work must always come first. They would try to better both conditions too, because they believed that the best work can only be given if the nurse is working under good conditions. (This is also the ultimate aim of trades unionism.—Ed.)

Miss Marsters (Superintendent of the Paddington D.N.A.) in proposing the vote of thanks to the Guardians, to the Medical Superintendent, and the Matron, spoke of the need for nurses to know something of the work of the world that was going on outside the walls of institutions. The Union provided a common meeting ground where nurses who were engaged in outside branches of the work could meet those in institutions to their great mutual advantage. Nurses were more and more in demand nowadays for public health work and district nursing, and she felt that all nurses ought to know something of how the patients whom they nursed in the hospitals lived when they were outside.

At the end of the meeting a large number of applications for membership were received.

THE LEEDS BRANCH.

June has been a very busy month for the members of the Leeds Branch of the N.U.T.N. On the 12th Dr. Spottiswood-Cameron, M.O.H., Leeds, gave an interesting lecture on "Flies and their danger," illustrated by lantern slides in the Council Chamber of the Leeds Town Hall. As
the lecture was of seasonable interest, the invitation was general to all nurses and health workers.

Mrs. Hugh Lupton in the chair ably explained to any non-members the "Aims" and "Methods" of the Union, and said she "hoped to see the Leeds Branch promoting by co-operation the effectiveness of the profession, and through it the good of the community."

The lecture will cause all who heard it to "kill that fly." Also it will be a lesson for months to come, as it can be passed on to patients and others. It is hoped the benefits will be far-reaching.

June 24th was the date of Mrs. Doan's garden-party. Those able to accept the invitation spent a most enjoyable afternoon in the lovely grounds of the City Hospital, Seacroft. Tea and refreshments were served under the shade of the spreading trees. Some were content to sit and enjoy the perfect day, the more energetic occupied themselves with croquet. "Bandy," the Yorkshire terrier, had on her lace collar and felt very much one of the party.

After tea the guests visited the Sanatorium. Men, women and children looked very happy. The latter gay in hair ribbons, which they said were "tied in French bows." The poultry farm came next for a visit, and the record of chickens and eggs for consumption in the hospital is the record of an expert. The members tender their best thanks to Mrs. Doan for her kindness in giving them such a pleasant time.

The Bath Branch.

By the kind invitation of Miss Keene, Matron, a meeting of the Bath Branch was held on June 26th, at Wimley Sanatorium. About forty members were able to be present. The journey from Bath was made in motor torpedo char-a-bancs, and the lovely drive was thoroughly enjoyed.

The guests were received at the Sanatorium by Miss Keene, who conducted them to "The Temple," which is the patients' recreation room, but the weather was so glorious the patients were all out in the grounds. When the business meeting was over Dr. Crossley, Tuberculosis Officer for Wiltshire, gave a most instructive address on tuberculosis. Dr. Crossley enumerated the duties of a Tuberculosis Dispensary Nurses. This was especially appreciated by the members, as many of them have thought of taking up this work.

At the conclusion of the address hearty votes of thanks were accorded to Dr. Crossley, to Miss Keene and to the Secretary. Miss Keene then invited all to go over the Sanatorium, but before doing so a delicious tea was served on the croquet lawn, and the members thoroughly appreciated the strawberries and cream and all the nice cookies so generously provided.

The next meeting of the Branch will be held at 15, Somerset Place, Bath, by the kind invitation of Miss Manning.

The paragraph from Taunton will be inserted next week.

ROYAL COMMISSION ON VENEREAL DISEASES.

At the forty-first meeting of the Royal Commission on Venereal Diseases, evidence was given by Dr. J. Smith Whitaker, Medical Member and Deputy-Chairman of the National Health Insurance Commission (England), and a member of the National Health Insurance Joint Committee.

Dr. Whitaker explained the working of the panel system, and said that an insured person suffering from venereal disease was entitled, as part of his medical benefit, to receive medical attendance and treatment, and to be supplied with necessary medicines and appliances, exactly in the same way and to the same extent as for other diseases. As a matter of fact a large number of cases of venereal disease were being treated by panel doctors. It might be said generally, that the position of the insured, as regards the adequacy of the treatment which they received when suffering from these diseases, did not differ substantially from that of the ordinary population when under the care of general practitioners, and in cases requiring treatment by specialists both sections of the population stood exactly on the same footing.

In certain cases a person might, under the Insurance Act, be allowed to make his own arrangements for treatment, and this would cover the case of treatment by an unregistered practitioner. The number of Insurance Committees who had permitted arrangements of this kind was, however, very small indeed, and it was not likely to become common.

With regard to sickness benefit (i.e., periodical payments made to the insured person whilst rendered incapable of work by some specific disease), it was possible for an Approved Society to provide by its Rules for the withholding of this benefit in cases in which the sickness was caused by the insured person's own misconduct, and this applied to many cases of persons suffering from venereal disease. It was the usual practice, and had been for many years, for societies to class venereal diseases as diseases caused by misconduct.

Dr. Whitaker said that the Insurance Commission had no special information regarding the extent to which doctors might need facilities for laboratory methods as an aid to diagnosis, but if facilities were afforded, practitioners attending the insured could be required to take all steps in their power and within their competence, with a view to obtaining the benefit of such assistance in the treatment of their insured patients.

Looking at the future, Dr. Whitaker thought it was very important that provision made for the treatment of particular diseases or particular groups of persons should be looked at not only from the point of view of those diseases or those persons, but from the broad point of view of the relation of that part of the administration to the whole body of treatment by medical practi-
tioners of all kinds throughout the country. Any scheme of administration that might be devised, for example, for dealing with venereal diseases, should be so framed that it would develop the abilities of men already in practice, the general practitioners, and make them more efficient for their general functions as the first line of defence of the country. It was quite conceivable that simplicity of administration might tend to a system that would to a great extent ignore the general practitioners; he wished to suggest that that would be, apart from the merits of the question of the actual treatment of venereal diseases, prejudicial to the general public interest.

REFLECTIONS
FROM A BOARD ROOM MIRROR

The flowers and baskets of fruit received by Queen Amélie at Dudley House from a number of children at the bazaar organised by the Friends of the Poor, were sent by the wish of Queen Mary to the Hospital for Sick Children, at Shadwell—a hospital situated in a very needy neighbourhood, far from the wealthy West End, and therefore not always kept in mind.

The Lord Mayor announces that the amount of money collected in London on Alexandra Day is over £20,000.

The Lord Mayor and Lady Mayoress of London paid a visit of inspection to the Grampian Hospital and College at Alton, Hants, on Monday, June 20th.

The "Bythesea" open-air wards, at the Royal Alexandra Hospital for Children, Dyke Road, Brighton, were recently dedicated. The wards—three in number—represent the generosity of Mrs. Bythesea, who has added to her handsome gift with an endowment of £1,000 in memory of her late husband. The wards are extensions of the main building, and are on the three floors—the topmost one, from which a magnificent panoramic view of Brighton and the sea beyond is to be obtained, is for the very tiny patients. The effect of the extension, as viewed from the garden, is very pleasing. Mrs. Bythesea unveiled the tablet, which bore the following inscription: "These open-air wards were erected and endowed in 1913 by Samuel Bythesea, late H.M.'s 31st Regiment, Knight of St. John of Jerusalem, and Mary Prudeaux, his wife." Mrs. Bythesea said it was a great privilege to have been able in her lifetime to give and endow these out-door wards to the memory of her husband. They both loved the children, and she knew that her husband would have been as glad as she was that day. She hoped and believed that the wards would be a joy to the children and to the matron and the nurses, who deserved so much. She concluded by expressing appreciation of the excellent arrangements made by the Committee.

OUTSIDE THE GATES.

WOMEN.

The International Woman Suffrage Alliance Board and Officers meet in London from July 8th to 11th, and Mrs. Chapman Catt from the United States, and many able women whose work is well known over the world will attend. It is also announced that the only woman Senator in the world, Mrs. Helen King Robinson, is expected to pay London a visit at an early date. The Daily Telegraph gives the following interesting information about her career:

"She is described as 'a very feminine and charming person, with wavy brown hair and nice blue eyes, and a weakness for rose-coloured dresses.' She is said to be one of the most humorous and tactful of speakers, with 'a voice full of possibilities—clear, rich, quiet, and controlled.' Yet it was this very attractive person who recently intervened in the coal strike war of Colorado, and, at the head of a thousand women voters of Denver, compelled the Governor of Colorado to call in the Federal troops to control the Militia and end the terrible outbreaks in the strike area.

"Mrs. Robinson is a New Engander by birth, but has lived for many years in Colorado. She had been a teacher, a literary critic, and a journalist long before she had political aspirations, and for years she has been identified with all that is best in the social, literary, and public life of her State. She first entered actively into politics rather more than three years ago, as the head of a successful combination of Denver housewives against the renewal of the charter of an unsatisfactory local water company.

"But by far the most remarkable phase in her career has been the part she has taken in the recent strike between the coal miners and mine-owners. Harper's Weekly of May 23rd last, says of her: 'The only woman Senator in the United States, already fully tested and a proved honour to her State, still further established her statesmanship during the Colorado civil war. Several times she sought her information at the seat of battle. She talked with the Militia and their wives, as well as with the strikers and leaders. Where so many were blinded by hate, she was tolerant. Even when her heart suffered she was calm. When she sympathised most she had the needed self-control of the investigator.'"

The costume dinner and pageant organized by the Actresses and Women Writers Franchise Leagues, held at the Hotel Cecil on Monday, was a great success. Mrs. Archibald Little as Tso Sai An, the late Empress of China, Miss Cicely Hamilton as George Eliot, and Miss May Sinclair as Jane Austen were to the life. The whole thing was an immense success.

The reception to be held by the Society of Women Journalists at Dr. Johnson's beautiful old house in Gough Square, on July 11th, promises to be a delightful function.
BOOK OF THE WEEK.

"THE RAGGED-TRROUSERED PHILANTHROPIST." *

This is explained in the preface to be the manuscript of a novel, the work of a Socialist house-painter, who wrote his book and died.

"With grim humour and pitiless realism, the working man has revealed the lives and hearts, their opinion of their 'betters'? (the italics are ours), their political views, the attitude towards Socialism. Through the busy din of the hammer and the scraping knife, the clang of the pail, the swish of the whitewash, the yell of the foreman, comes the talk of the men, their jokes and curses, their hopes and fears, the whispering of their old people, the cry of their children. In reducing a large mass of manuscript to the limitations of book form, superfluous matter and repetition have been cut away. The rest remains as it came from the pen of Robert Tressall, house-painter and sign-writer, who records his criticism of the present scheme of things, until weary of the struggle, he slipped out of life."

"Whether to suffer the slings and arrows of an outrageous fortune, or to take arms against a sea of troubles, and by opposing end them," is a question that arises more than once in these pages. As we gather from the preface, it is not pleasant reading that is set forth. Shallow fastidiousness will thrust it aside and have none of it. Its rough, lurid language will shock their eyes. But those who are passionately interested in things human will go bravely under to the sub-stratum of society, and find there much food for reflection.

Frank Owen was the son of a journeyman carpenter who had died of consumption when the boy was only five years old. He had married the daughter of a fellow-workman. "Symptoms of the disease that killed his father began to manifest themselves. The doctor told him to take 'plenty of nourishing food,' and prescribed costly medicines which Owen had not the money to buy. His wife was delicate; and the boy—what hope was there for him? Often, as Owen moodily thought of his circumstances and prospects, he told himself that it would be far better if they could all three die now together."

"Thousands of people like himself dragged out a wretched existence on the very verge of starvation; and for the greater number of people, life was one long struggle against poverty."

The struggle in Owen's case ended in defeat, as it more often does.

One evening he became conscious of a strange sensation, and a few seconds afterwards he was terrified to find his mouth filled with blood. Through the death-like silence of the night, there came from time to time the chimes of a clock of a distant church. So this was the beginning of the end! And afterwards the other two would be left by themselves at the mercy of the world. His child's boyhood would be passed in carrying loads, dragging carts and running here and there, trying his best to satisfy the brutal tyrants, whose only thought would be to get profit out of him for themselves.

"He resolved this should never be; if he could not stay and protect them it would be kinder and more merciful to take them with him." With these last words, the book abruptly ends. We seem to be taken behind some tragedy, briefly announced in the newspaper, and forced to realise its motive power.

Owen's is not the only history set before us.

Bitterness and hate of hypocrisy run through the pages. It is a fierce protest against the cruelty and injustice of trade systems that force and keep men under, break their hearts, and throw them aside without pity or remorse.

H. H.

COMING EVENTS.

July 3rd and 10th.—Nurses' Registration Bill. Informal discussion; 20, Upper Wimpole Street, London, W., 8.30 p.m. Matrons and nurses cordially invited.

July 4th.—League of St. Bartholomew's Hospital Nurses. General Meeting, Clinical Lecture Theatre, 2.30 p.m. Social Gathering in the Great Hall, 4 p.m.

July 7th and 8th.—National Association for the Prevention of Consumption and other Forms of Tuberculosis. Sixth Annual Conference. Leeds.

July 9th.—South London Hospital for Women. Garden Party. The Bishop of Kingston and Mrs. Hook receive at Kingston House, 102, South Side, Clapham Common. 3.30 p.m.

July 10th.—Society for State Registration of Trained Nurses. Annual Meeting, Medical Society's Rooms, 11, Chandos Street, Cavendish Square, London, W., 4.30 p.m. Tea after the meeting by kind invitation of Mr. Walter Spencer at 2, Portland Place, London, W.

July 22nd.—Central Midwives' Board. Penal Board, Caxton House, S.W. 2 p.m.

July 23rd.—Central Midwives' Board. Monthly Meeting, Caxton House, S.W. 3.30 p.m.

August 5th.—Central Midwives' Board: Next Written Examination in London. The oral examination follows a few days later.

WORD FOR THE WEEK.

"Go forward with steadfast hearts and true,

Go forward on your way;

God gives you strength to do the duties of each day,

So daily may this thought your heart with

courage fill;

I can, because I ought, and by God's help,

I will."

A. K. G.
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.

IMPRESSIONS OF THE CONFERENCE.
To the Editor of The British Journal of Nursing.

Dear Madam,—May I, through the medium of The British Journal of Nursing, be permitted to join my sincere thanks to the many you must have received, to all who made it possible for us to have such an interesting and inspiring Conference, as the one we have just enjoyed at Birmingham?

I think no one who has not had the privilege of taking part in such a conference, can quite realize how inspiring it was. I have not been able to attend any of the Nurses' Conferences since the International one held in London in 1909, and I was particularly impressed with the way in which the need for State Registration of Nurses is becoming understood and appreciated by those outside the nursing profession. It was a joy to listen to the most sympathetic and understanding remarks made on the subject by the Lord Mayor and I think that is a great encouragement to all of us who are longing for the day when our Registration Bill becomes law.

I think those present at the Conference who had not, up to that time, given as much thought as they should to the matter, must have been deeply impressed with the variety of ways in which the various speakers showed how urgently State Registration is needed in all the branches of the profession. The particularly kind and hospitable way in which we were received at Birmingham was, I am sure, most sincerely appreciated by us all. Believe me, dear Madam,

Yours truly,

F. G. Stubb.

132, Harley St., W.

EXPRESS TRAINING.
To the Editor of The British Journal of Nursing.

Dear Madam,—May I, as a Matron, speak a word of warning? At this country hospital it is almost impossible to get well educated probationers. All the possible young women are now assuming full nurses' uniform, with the addition of a large red cross, and being called and treated as trained nurses by medical men and society people connected with the British Red Cross Society. "They know all they need to know," a military medical said quite recently. Meanwhile our patients suffer, and will do so more in the future if all this "express training" is not discouraged.

Yours truly,

Tired of Making Bricks Without Straw.
East Anglia.

IS IT JUST?
To the Editor of The British Journal of Nursing.

Dear Madam,—Will you allow me to ask, through the columns of our valuable Nursing paper, whether other nurses feel as I do about the ladies of the Red Cross Society coming into the wards for an hour or so during the day? I am a second year probationer, and while I scrub the bath, &c., these ladies are taken round by Sister (who I'm sure doesn't like it), and taught bandaging and small dressings. I object. Am I unpatriotic and narrow? I don't mean to be. But isn’t it fair that these women should get the cream of the work, while we, who intend to give our whole lives to the work of nursing the sick, should lose the experience so necessary.

Thanking you in anticipation.

Yours truly,

K. S.

[This letter opens up a very wide question, and one which may have far reaching results in still further decreasing the supply of young women available for thorough training. This is not the first complaint we have received as to the justice of the system. Others may wish to express an opinion on the question. We hope they will do so.—Ed.]

REPLIES TO CORRESPONDENTS.

Staff Nurse, London.—For the effects of drugs consult "Materia Medica for Nurses," by Miss L. L. Dock, published by G. P. Putnam's Sons, 24, Bedford Street, Strand, W.C. The first evidences of overdosing in giving salicylic acid are buzzing and roaring in the ears. Increased doses cause severe headache, perspiration, deafness, and various disturbances of vision.

Maternity Nurse, Birmingham.—Dr. Ralph Vincent teaches that so-called epidemic diarrhoea is a fifth disease, arising from the consumption of milk, i.e., contaminated milk. This is the reason that breast-fed babies are practically immune, when hand-fed babies are dying in hot weather by the hundred, which demonstrates the fact that the "epidemic" attacks numbers of babies at the same time because they are being fed on impure milk, not because the disease is infectious.

OUR, PRIZE COMPETITIONS.

July 11th.—What is the cause of tuberculosis? What organs and tissues may be attacked in this disease? Give a brief description of the treatment and management of any two forms of tuberculosis.

July 18th.— Define hemorrhage, shock, coma, asphyxia, syncope.

July 25th.—How may the course of pregnancy be affected when the mother suffers from syphilis? What are the effects upon the child, supposing it is born alive, when the mother suffers from (a) syphilis or (b) gonorrhoea?
The Midwife.

THE MATERNITY BENEFIT.

The Report has just been issued of the Committee appointed by the Glasgow Obstetrical and Gynecological Society to enquire into the effects of the maternity benefit on the teaching and practice of midwifery in Glasgow.

The committee's data were obtained (a) from medical institutions and public bodies; (b) from the replies of general practitioners to a series of questions. The questions were addressed to 450 medical men. Of the 222 who made returns, only 100 gave replies suitable for the purpose of the inquiry.

As to the effect of the Maternity Benefit under the National Insurance Act, information derived from various sources, including some of the agencies engaged in social work, makes it appear that those who formerly made good provision for an expected confinement still do so. There is for them, however, only a change in the method. The maternity benefit is a substitute; there is no evidence of a disposition to regard it as an additional provision, and sometimes even in this class the expenses of the confinement are not dealt with as having the first claim on the money.

Among others of the insured the money is not wholly applied to the purpose for which it has been named; and the desire to set free a portion for other uses, good or bad, is likely to influence the kind of attendance sought for. Moreover, the payment of the whole amount after the event to people who have no means and little credit also tends to divert it to other ends.

Enquiry shows that very little, if any, of the midwifery practice in Glasgow has been transferred to the medical profession in consequence of the Insurance Act, but more work is being done by midwives. In Glasgow, as in Scotland generally, there is no commonly recognized standard of training for maternity nurses, and no State regulation of their practice. Many who act as midwives are wholly untrained, some are inadequately trained, and only a small proportion could satisfy the requirements for registration in England. All the grades of nurses mentioned were employed before the passing of the Act and are still employed. Yet it may be that among these different grades women are seeking what they believe to be better service, being now enabled to pay for it. Inquiry, therefore, was made upon this point. Answers, however, were affected by the fact that at the beginning of the year the belief prevailed that only certificated nurses or doctors could sign the claim for benefit. When this was found to be an error, the improvement in practice which resulted from it was not maintained.

Reckoning among affirmative answers the replies of those who note the initial improvement, but who deny its continuance, 57 practitioners say that women now seek better attendance; while 64 say that they do not. Forty-five return "no knowledge."

A fact to be taken into account as likely to have a deciding influence in the choice is that when the wife and mother is laid aside there is need for a housekeeper as well as a nurse. Now that there is money available it is probable that housekeeping services, which before were rendered freely by friends or neighbours have now to be paid for, and that the "handy-woman" who will care for the house as well as the patient, is preferred on that account to the midwife who carries on "a practice," or to the well-trained nurse whose whole time could not be engaged by the poor, even if she were willing to undertake the housekeeping. It is, however, in this that the explanation is to be found for the falling-off in the outdoor cases of the Maternity Hospital. The possibility of obtaining nursing and other services for the same fee as for nursing alone is, it may be presumed, sufficient to bring about this result. On this account, then, any movement that there may be among a section of the insured towards a better kind of attendance in childbirth is likely to be counterbalanced by a movement in the opposite direction among those of another section.

EFFECT ON MIDWIFERY TEACHING.

The outdoor practice of the Maternity Hospital is the only means in the city by which practical instruction can be given to medical students in the conduct of normal labour; and the practice is also used for the training of nurses. Formerly the number of cases was not in excess of the requirements for these purposes; and the reduction in that number during the first year of insurance—a reduction which amounts to 30 per cent. of the whole—is seriously hampering practical teaching. While it may be possible by adjustment so to utilise these restricted resources that the minimum requirements of the examining boards shall be met, an enforced limitation to the minimum is to be deplored, and it is not to be expected that the present minimum will continue indefinitely. The situation which has arisen calls for serious consideration on the part of those concerned in the teaching of midwifery.

GENERAL EFFECT OF THE MATERNITY BENEFIT.

To the general question whether the Maternity Benefit had favoured the comfort and safety of the mother and child, 57 practitioners replied in the affirmative, 36 in the negative, 10 had observed no change, 3 were of opinion that the Act had been prejudicial in this direction, 24 that the effect was doubtful or partly beneficial and partly prejudicial, while 30 could express no opinion. Such a want of decisiveness in the general result of the replies to this question in itself indicates that the Maternity Benefit has not prompted in Glasgow the comfort and security of mothers and infants to the extent that might have been hoped for.
ASSOCIATION OF INFANT CONSULTATIONS AND SCHOOLS FOR MOTHERS.

MOTHER COMPETITIONS.

A very interesting function took place on Saturday afternoon, June 27th, at the L.C.C. Schools, Cosway Street, Edgeware Road, W. It was a competition in mothercraft, arranged by the Association of Infant Consultations and Schools for Mothers. Sixteen Schools competed, and the competitions were divided into six classes—

1. Six simple questions in mothercraft.
2. The mother and child showing evidence of having profited most by the instruction given her at the School.
3. Made-up garments.
4. Cutting out paper patterns of a set of infants’ clothing.
5. Mended or adapted garments.
6. Planning, buying the materials, and cooking a shilling dinner for a family of four.
7. Washing and ironing a set of infants’ clothing.
8. A letter on mothercraft.

A competition for fathers for the best contrivance for the benefit of mother or child, costing not more than 5s.

The competitors were the mothers who had earned the highest marks in their respective schools, and the prizes awarded were given, as Dr. Macgregor said, to the best of the best. Great applause was accorded when it was announced that the School winning the highest number of marks was the winner of last year, Fulham North. Fulham South came second within two marks, Paddington B coming third.

The certificates were presented by Lady Broadbent to the proud recipients, and generous applause was given by the non-successful.

Dr. Eric Pritchard, who is keenly interested in this work, said he would be brief as he knew the mothers were boiling over with excitement. He then introduced Mrs. H. B. Irving, who addressed the mothers.

She spoke of the need of public spirit, and said how the meeting together of the various schools should be welcomed as an opportunity of rubbing shoulders with other mothers. The prizes represented only a very small part of their reward. They were fighting for the nation, quite as truly as soldiers, against disease, ignorance, poverty and dirt.

Dr. Macgregor said that she had had a very difficult task, for she had not simply to judge the best baby, but also the best mother. She had in addition to take into account the record of the schools to which they belonged. The first prize winner in this class belonged to St. Pancras School.

The competitions were held simultaneously in the various class-rooms, and one had but to look at the earnest and intent faces of the competitors to realise that mothercraft is taken seriously in these schools.

Delightful and appetising little dinners were being concocted in the cookery department. The prize dinner consisted of lentil soup, stewed mutton, potatoes, cauliflower, and rice pudding—not a shilling’s worth.

Fourteen healthy and jolly babies, spotlessly clean from head to foot, the prize winners in the different schools which have recently held local competitions, were entered for the baby competition. The prize mother and baby were specially commended on account of the bad health of the mother. Dr. Macgregor remarked that it would have been a sufficient excuse for neglect of home and children.

The judge in the laundry was not satisfied that some of the garments (brought by the women themselves) were sufficiently dirty, and the competitors were seen as a preliminary rubbing them on the floor. Two hours later they were all that baby’s garments should be, the flannel beautifully soft.

The fathers’ contributions, though very few, made up in quality. The first prize was given for a beautifully made little milk safe costing one shilling. The second prize was carried off by a surprising cot big enough for a child of three or four years, costing £2 3s. A little cot which was unawarded bore the label informing the public that the lathes were “portable to keep out the vermin.”

The organisers of these mothercraft competitions are to be congratulated. The work was strenuous and the result happy. We did, however, hear one superintendent lamenting that it was likely to breed a spirit of jealousy.

Round the central hall were hung ingeniously designed garments, new and adapted, perhaps the most appealing of which was a clever little jersey made of the legs of a man’s blue knitted stocking.

BIRMINGHAM MATERNITY HOSPITAL.

As will have been observed from our Report of the Central Midwives Board Meeting last week, the Board has sanctioned a C.M.B. Examination every two months at Birmingham, instead of every four months as formerly, to be held at the Birmingham Maternity Hospital. The first two-monthly examination will be held in December, 1914.

Previously the period of training for trained nurses at the above hospital has been three months, and the fee £31. Trained nurses will now receive a four months’ course of instruction, and the fee, inclusive of board, lodging and laundry will be £16 16s.

Untrained pupils receive a six months’ course of training; the fee, including board, lodging and laundry, is £26 5s.

The fact of the reduced fee, combined with the great advantage of having the examination held in the Hospital at the end of her training, will be a decided saving, and therefore gladly welcomed by the trained nurse desirous of taking her midwifery training and Central Midwives Board Certificate.
EDITORIAL.

THE MEMORIAL TO THE PRIME MINISTER.

The Bill in charge of Dr. Chapple, M.P., in the House of Commons, "to Regulate the Qualifications of Trained Nurses and to Provide for their Registration," is one which has a strong claim on the consideration of Parliament, and the reasons have been embodied in a Memorial to the Prime Minister, presented by Dr. Chapple this week, on behalf of the Central Committee for the State Registration of Nurses, which we print on page 29, and which is supported by a Petition which has been signed by upwards of 500 Matrons and Superintendents of Nurses.

The case presented that legislation is urgently required could scarcely be stronger. The Memorial comes not from individuals, or even from one society, but represents the considered opinion of the organized medical practitioners and nurses throughout the Kingdom, members of eight influential national societies having diverse objects, but all united in the Central Committee in supporting the principle of State Registration of Trained Nurses, and agreed as to the methods by which it shall be carried out. These have been incorporated in the Nurses' Registration Bill, every clause of which has been carefully debated, considered, and finally adopted.

A Nurses' Registration Bill has been before the House of Commons for the past ten years, read a first time, and then, because the antiquated procedure of the People's House permits one man to thwart the people's will, it has never reached a second reading. Though its supporters have always known that a large majority, composed of all Parties in the House, was in favour of the Bill, that majority has until this year never been tested. Dr. Chapple, therefore, is greatly to be congratulated on devising a policy by means of which the feeling of the House of Commons could be recorded, and on having secured, on the first reading of the Bill on March 3rd, the triumphant majority of 228.

The case set forth by the memorialists is that legislation is urgently required in the interests of the whole system of voluntary and municipal hospitals, and also of the public, who largely employ trained nurses; that there is at the present time no definite standard of training for hospital nurses, that while State Registration will not prejudice the economic position of women who are engaged in nursing but do not pretend to be trained, one of its chief objects is to prevent untrained and partly trained women from representing themselves to the public as fully trained nurses, and that at present the public pay for what they do not receive when health and even life may be at stake; that owing to the lack of status many women, among them those best qualified, are deterred from entering the nursing profession in England, and that, in consequence, the supply of trained nurses is insufficient to meet the increasing demand. The memorialists believe that State Registration will, by defining and safeguarding the status of trained nurses, lessen the reluctance of women to adopt nursing as a career, and they petition His Majesty's Government to afford the necessary facilities for the consideration of the Bill on its merits, so that, if approved by the Legislature, it may be passed into law during the present Session.

In our opinion it is the clear duty of the Government to grant this Petition. It is now nine years since a Select Committee of the House of Commons unanimously reported to Parliament that "it is desirable that a Register of Nurses should be kept by a Central Body appointed by the State." The House of Lords in 1908 passed Lord Ampthill's Bill without a division having been taken at any stage, thus demonstrating their adhesion to the principle of Nurses' Registration, and the House of Commons, by an almost unprecedented majority, has also expressed its support. A Liberal Government cannot consistently with Liberal principles allow a few members to stultify reform which both Houses of Parliament have clearly demonstrated is, in their opinion, necessary.
THE RELIEF OF PAIN.

(Continued from page 3.)

We have seen in the last paper that pain is due to an impulse passing from a nerve ending up an afferent nerve to the cortex of the brain, and that when we want to relieve it we try first of all to take away from contact with the nerve ending the source of the irritation, and that, failing this, we can paralyse the nerve endings by drugs such as cocaine, so that the impulses do not reach the brain at all. If neither of these plans is possible or advisable, we can still act on the cells of the brain itself so that, though the impulses reach to that organ, painful impressions do not result. It was mentioned that this might be effected mainly by drugs derived from opium, or by coal tar derivatives such as antipyrin, phenacetin and the like. We will now study these two groups more carefully.

The first advice, however, which must be given to anyone who proposes to use the opium group is roughly that given by Mr. Punch to those about to marry—don't! And for this reason: it is impossible to avoid doing a certain amount of harm. It may well be that the continuance of the pain would do more harm still, but we must always be sure of this point before using opium or its allies.

Now opium does not act only on the cells of the brain that are responsible for the perception of pain. It also, for instance, checks the movement of the intestines so that constipation results; then, too, it not infrequently gives rise to vomiting and a splitting headache after the pain has been relieved. And there are other effects, which are more or less objectionable, but as this is not a discourse on opium they need not be mentioned in detail.

One disadvantage it has, however, which is most important in connection with abdominal pain, just as it relieves the pain itself, so it dulls the reflexes and calms down the patient generally; consequently symptoms which would otherwise point to the existence of grave intra-abdominal trouble, such as the perforation of an ulcer of the stomach or bowel or a gangrenous appendix, may escape notice. Nothing can be more disastrous than to make opium take the place of abdominal section, and for this reason it is a cardinal rule never to give opium or any of its derivatives in abdominal pain unless we are absolutely sure that we are not dealing with a "surgical" lesion. We should generally avoid its use, therefore, both in appendicitis and in enteric fever. In these conditions it is better to use local measures acting on the nerve endings themselves, such as hot fomentations, or sometimes preferably an ice bag, applied to the abdomen itself. But this really comes under the head of always thinking first whether we cannot take away the source of the pain by surgical means.

Coming back to opium, however, we can give it by the mouth, or in the form of morphia hypodermically, but we always have to remember—especially with hypodermic medication—the danger of setting up a habit on the part of the patient. We must recognise that the temptation to the patient to seek relief in the almost magic effect of a hypodermic injection is very considerable, and if he knows what we are giving him in this way he is very likely to buy a syringe and repeat the experience on his own responsibility whenever he is in pain. Nurses, in particular, should be very careful never to let a patient know what a hypodermic injection is composed of. Many women have lapsed into the morphia habit because someone has injudiciously given them morphia for a pain that is likely to recur at a future time, such as periodical discomfort associated with menstruation, for instance.

Drugs of the antipyrin group are as a rule free from grave risk of a resultant habit, but they all have this disadvantage, namely, that they depress the heart. In the earlier epidemics of influenza, for instance, many patients lost their lives from heart failure, due to overdoses of these drugs. I have said "as a rule," but I am afraid that the habit of taking these compounds in tablet form for headache is on the increase; especially, by the bye, amongst nurses—who seem to have an abnormal liking for aspirin in particular. The bad effects of this and allied drugs is shown in fits of sleeplessness, depression and slackness, and ultimately in so-called "nervous breakdown." Unless the headache is very severe, better to let it be, and then to resort to these treacherous friends, and it is greatly to be wished that they could not be purchased in unlimited amounts with the same facility as a pound of tea. Most of the proprietary "headache powders" which are so freely advertised contain these drugs, often in dangerously large amounts.

But after all they are usually preferable to morphia, and I cannot help dwelling for a moment on the usefulness of aspirin after abdominal operations. Here we must relieve the pain somehow, as it is usually pretty severe, and we cannot uncover the wound and put on a fomentation, without risk of infecting it. If we give opium, we are likely to increase the pain by producing distension of the intes-
time, and we also very efficiently prevent ourselves from being able to detect the onset of peritonitis, should this unfortunately supervene. Nowadays we give aspirin for the relief of the pain, and prevent or assuage distension by the use of piriton extract hypodermically. Antipyrin and phenacetin are also preferable to opium in neuralgia, and especially in attacks of migraine or "sick headache."

Now that we have seen how it is possible to relieve pain, we come to the question, "Should we always relieve it?" I suppose everybody knows the type of person who flies for succour to drugs or doctors whenever she has any pain at all, and also her antitype who will, for instance, do a hard day's work at the washstotb with an aching back that would drive her to distraction did she "give in to it," because she is thinking more of her household or of earning money to pay for her children's clothes than of her own ailments. Both attitudes have their disadvantages, however; even in the latter case it would be better doubled for the poor woman to give up a few days' or even a week's washing or house cleaning, in order to have the displaced uterus which is at the bottom of her troubles put right by operation.

Still, her attitude is praiseworthy because it is unselfish, and the reason why the former type is a nuisance to everybody with her "vapourings," is because she thinks only of herself. The best course therefore to adopt is not to give her "pain killers" whenever she is unable to bear pain, but to attempt to divert her attention from her own inside. I have said "her," but I do not wish to imply that this class of patient is invariably a woman—far from it. Very many men are addicted to this sort of thing, and when they are, they are far more difficult to treat, because the natural tendency of a woman, after all, is to unselfishness, and with men this often has to be acquired.

We have to be very careful here, however; time after time does one see someone labelled by her friends as "neurotic" and consigned to a sort of social waste paper basket accordingly, when she really feels pain very acutely. As I said before, the same stimulus is interpreted by the brains of different people in very different ways. Some people, for instance, when they are ill really feel pain very acutely, a shaft of light through a blind, or the patter of childish feet up and down stairs, and it is a horrible injustice to fail to recognise this.

I need hardly enlarge here on the methods of taking a person out of himself—they must be adapted to the particular patient. Generally speaking, a common mistake is to tell him not to worry—a procedure which is kind but idiotic. It is far better as a rule to encourage him to talk, and so find out what is really troubling him, and then suggest another point of view. My point is that we should endeavour to encourage and educate fortitude whenever we can—and the opportunity which nurses have for doing this is unrivalled. Inability to bear pain is generally due to worry about something entirely different, either in the past or future; and worry again is sometimes complicated by insufficient nourishment, either because the patient is not getting enough food, or because he has some form of indigestion which prevents him getting the utmost good out of what he does eat. But to dismiss a person from the field of our sympathy with the contemptuous label "neurotic," is merely to demonstrate our own uselessness, and proclaim our ignorance upon the house tops.

**OUR PRIZE COMPETITION.**

**WHAT IS THE CAUSE OF TUBERCULOSIS? WHAT ORGANS AND TISSUES MAY BE ATTACKED IN THIS DISEASE? GIVE A BRIEF DESCRIPTION OF THE TREATMENT AND MANAGEMENT OF ANY TWO FORMS OF TUBERCULOSIS.**

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gilmore Place, Edinburgh.

**PRIZE PAPER.**

Tuberculosis is caused by the invasion of a pathogenic organism, the tuberele bacillus, which sets up destructive lesions in the various parts of the body, where a suitable, i.e., weak or injured spot, may be favourable for the commencement of attack. The disease is infectious, communicable from man to man, and from animal to man. Its incidence is greatly induced in persons who have a constitutional predisposition from infected parents, combined with unfavourable environment, especially lack of oxygen, occasioned by deficient air space, lack of open windows, and overcrowded areas, as in a slum town district. Deficient lung expansion accompanied by mouth breathing, caused by adenoid growths, is, if untreated, in weakly persons a likely source of both infection and development if in contact with the disease germ. The human germ of tuberculosis gains entrance into the body chiefly through the respiratory tract, the dried-up particles in a phthisical patient's sputum containing the virulent germs being conveyed by dust-laden atmospheres and inhaled. The bovine type is chiefly conveyed through infected food materials, more particularly from milk obtained from an affected animal. The inci-
dence from this source is noticeable in children, on account of milk entering so largely into their diet in the early years of life, and that the infection of the lungs from entrance of the germ by respiration is much less frequent.

Various terms are employed to differentiate the parts of the body attacked, but all words have the literal meaning of "wasting," such as "tabes"; or "consumption" of Latin origin and "phthisis" of Greek origin, two of the most familiar terms in use.

(a) Acute military or general tuberculosis.—Where many parts of the body are attacked simultaneously.

(b) Pulmonary Phthisis.—Where the lungs are specially attacked, this condition is commonly called consumption.

(c) Tubercles Mesenterica.—Tuberculosis of the peritumour, and of the abdominal lymphatic glands, another term being tubercular peritonitis.

(d) Tubercular Meningitis—and acute Hydrocephalus—are tubercular infection of the membranes surrounding the brain.

(e) Lupus.—Tuberculosis of the skin.

(f) Caries.—Tuberculosis of the bone.

(g) Serojula.—Tuberculosis of the lymphatic glands.

Thus any organ or tissue of the body may be attacked. The disease progresses by coalescence of bacilli, and then further changes occur leading to inflammatory changes in the surrounding tissues, which may end in suppuration, with the formation of an abscess. The characteristic change from grey to yellow tubercle is due to caseation, at which stage in chronic cases they may become calcified and arrest the disease temporarily. In small tubercles fibrous changes may occur, the diseased part being converted into fibrous tissue.

The treatment and management of pulmonary tuberculosis is briefly:—Sufficiency of sunlight and fresh air; nourishing tissue-forming food; regularity of all functions of daily life; systematic periods of rest and exercise; periods of graduated labour when convalescent.

Patients have to be taught the necessity of rules regarding expectation, the nurse being responsible for the safeguarding of the patient and others in this respect, and for the proper disposal of the sputum. Special sputum cups, paper handkerchiefs, and other articles for the patient’s sole use must be provided and kept clean and disinfected after use, all rags, papers, and discharges being burnt, if possible.

In rooms used by patients the dust should never be allowed to rise. Wet cleansing by damp dusting and sweeping should always be carried out; carpets and stuffed furniture likely to harbour dust being removed from the room to be occupied. If possible, a bedroom should be chosen with easy access to the garden or open space, to prevent unnecessary exertion, when the patient is not confined to bed, and is ordered exercise for a period each day. Breathing exercises to strengthen the lung capacity; the wearing of shoulder braces; recording the temperature, usually thrice daily; noting the effect of the prescribed exercise; being in readiness for an emergency, such as sudden haemoptysis, all form part of a nurse’s duties; her observations of details being required by the physician in charge. The nurse will also carry out any special treatment ordered, and prepare the patient’s skin, and have in aseptic readiness the instruments for injection of tuberculin, which is frequently used in early stages and favourable cases.

The treatment and management of tubercular glands of the neck is to build up the resistant power of the body by nourishing food, tonics, and cod liver oil. If a child, he should be in an open-air or special school, if possible, and under medical supervision, as if the glands become caseous, they will require to be removed by a surgeon, as they are apt to break down and spread infection to a whole chain of glands. Regular rest and open-air exercise should be insisted on, and after an operation a change to the country is very beneficial. Tuberculin injections may or may not prove suitable in glandular cases, some patients reacting very untowardly under the treatment, while others progress favourably.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Elizabeth Martin, Miss C. McLennan, Miss M. D. Hunter, Miss F. Sheppard, Miss L. Barraclough, Miss Ethel G. Smith, Miss F. W. London, Miss D. Vine, Miss Beatrice Smith, Miss A. Phipps, Miss M. Croll.

Miss Ethel G. Smith writes that predisposing causes of tuberculosis are excessive work, deficient food in quantity or quality, insanitary, overcrowded dwellings, and dirt. Probably overcrowding is responsible for much tuberculosis. One of the commonest entrances of the tubercle bacilli is by the tonsils through the mucous membrane, to the lymphatic glands of neck, to pleura of lung.

QUESTION FOR NEXT WEEK.

Deline haemorrhage, shock, coma, asphyxia, syncope.
STATE REGISTRATION.

The following Petition was presented to the Prime Minister on Monday by Dr. Chapple, M.P., on behalf of the Central Committee for State Registration of Nurses.

PETITION TO THE PRIME MINISTER.

The Central Committee for the State Registration of Nurses.

President: The Right Hon. the Lord Amotherill, G.C.I., G.C.S.I.

NURSES’ REGISTRATION.

Memorial

PRAYING FOR FACILITIES FOR THE PASSING OF THE BILL.

To The Right Hon. H. H. Asquith, M.P., Prime Minister, First Lord of the Treasury, &c.

THE HUMBLE MEMORIAL OF THE CENTRAL COMMITTEE FOR THE STATE REGISTRATION OF NURSES

SHEWETH as follows:—

1. Your Memorialists are Delegates elected as a Committee by the following bodies:—
   - 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.
   - The Irish Nurses’ Association.

2. Your Memorialists, on the ground that legislation is urgently required in the interests of the whole system of voluntary and municipal hospitals, and also of the public who largely employ trained nurses, humbly pray that facilities may be afforded for the passage into law this Session of the Nurses’ Registration Bill, which has been introduced into and is now pending in the House of Commons.

3. Your Memorialists would point out that at the present time there is no definite standard of training for hospital nurses. Each training school fixes its own standard, and although in many instances the certificate granted on the completion of training is a guarantee that the latter has been efficient, there is good reason to believe that exceptions are also numerous. The pending Bill provides for the standardisation of training.

Moreover, while State Registration will not prejudice the economic position of women who are engaged in nursing but do not pretend to be trained, one of its chief objects is to prevent untrained and partly trained women from representing themselves to the public as fully trained nurses. It is common knowledge that such misrepresentation is widespread; the public pay for what they do not receive when health and even life may be at stake. Again, as recent incidents prove, there are those who pose as trained nurses for the basest purposes, and so degrade the uniform and lower the prestige of an honourable calling.

The above conditions, aided by others, are now bringing about a result foreseen by many interested in the supply of trained nurses. Many women, among them those best qualified, are deterred from entering the nursing profession in England, which is in imminent danger of losing the esteem of the public. Your Memorialists have recently addressed an enquiry to Hospitals, Infirmaries, and Nursing Associations, and they have evidence which proves not only that candidates for training have fallen steadily in number during the last few years, but that their educational and social qualifications are deprecating.

Meanwhile, the demand for efficiently trained nurses is growing rapidly; among the factors in this demand are advances in medicine and surgery with a related extension in the field of nurses’ work, the campaign against tuberculosis, the medical inspection and treatment of school children, the Insurance Act, and, in general, recent measures for the improvement of public health. It is a demand which the supply of trained nurses is already insufficient to meet, and untrained and partially trained persons are being employed, even by public bodies, to deal with this serious state of things. The suggestion has been made that the dearth of nurses will prove temporary, but those in touch with all the facts cannot accept this view; so long as the circumstances remain as at present, no increment of suitable candidates for training is to be expected, but rather a progressive deficit, while, on the other hand, it is certain that both for public and private work a much larger body of trained nurses than is now available will soon be required. Your Memorialists view the situation with grave apprehension. They believe, however, that State Registration, by defining and safeguarding the status of trained nurses, will lessen the reluctance of women generally, and especially
women of better education, to adopt nursing as a career.

4. Your Memorialists therefore humbly pray that His Majesty's Government may be pleased to afford the necessary facilities so that the pending Bill may be considered on its merits and, if approved by the legislature, passed into law in the course of the present Session. And Your Memorialists will ever pray, &c.

Signed by Order, for and on behalf of The Central Committee for the State Registration of Nurses.

AMPHILL.

ETHEL G. FENWICK.

EDWARD WILBERFORCE GOODALL.

APPENDIX.

Petition

Of Matrons of Hospitals, and Superintendents of Nurses, Supporting the Memorial of the Central Committee for the State Registration of Nurses, Praying for Facilities for the Passing of the Nurses' Registration Bill.

To The Right Hon. H. H. ASQUITH, M.P.,
Prime Minister, First Lord of the Treasury, &c.

WE, the undersigned Matrons of Hospitals, and Superintendents of Nurses, being convinced that, in the interest of the community, it is an urgent necessity that a Nurses' Registration Bill should be passed without delay, respectfully and earnestly petition that facilities may be given, during the present Session of Parliament, for the Second Reading of the Nurses' Registration Bill in the House of Commons, which, on its introduction by Dr. Chapple, M.P., on March 3rd, 1914, secured a majority of 228 votes, cast by Members of all Parties in the House.

This Petition has been signed by 525 Matrons and Superintendents of Nurses in England, Scotland, and Ireland.

 Blocking motions still stand in the names of Sir F. Banbury (City of London), Mr. W. C. Bridgeman (Shropshire, Oswestry), the Honourable H. L. W. Lawson (Mile End, Daily Telegraph, and London Hospital Committee), Mr. E. M. Pollock, K.C. (Warwick and Leamington), Mr. J. F. P. Rawlinson, K.C. (Cambridge University), and Viscount Wolmer (Newton-le-Willows). The League of 782 certificated St. Bartholomew's Hospital Nurses, and other Matrons and nurses working in the City area, should not hesitate to express their opinions to Sir Frederick Banbury. We hope nurses living in the constituencies of the other members will make a point of seeing or writing to these gentlemen, and supplying them with reasons why they should follow the example of Lord Robert Cecil and remove their blocking motions.

REGISTRATION NEWS.

Lord Knutsford is circularising the committees of hospitals, and urging them to oppose the Nurses' Registration Bill. Many will do so no doubt, without either consulting the nursing or medical professions—which are practically united to secure it. Intolerance upon the part of hospital managers at this crisis of nursing affairs, when the supply of good women for training does not nearly meet the demand, can only end in disaster for the sick and suffering poor. Let us hope hospital committees will hesitate to follow Lord Knutsford's obstructive policy. Employers in these days cannot afford to ignore the workers' point of view.

Sir Victor Horsley criticises in the East Anglian Daily Times what he terms "the worn out objections of Lord Knutsford," and in a very forcible letter reviews the registration question—and claims, as we do, that when nurses have obtained State Registration they will find that their education will be greatly improved, their work facilitated, their hours of work and remuneration improved, and, above all, there will be established a solidarity and means of organised cooperation between the members of the nursing profession which at the present moment it is practically impossible to obtain. All this will mean infinitely greater efficiency in nursing, and therefore a greater additional benefit to the public.

It is very generally realised that nursing legislation cannot be long delayed. But how is the question? Direct representation of the registered nurses on the Nursing Council, and the "one portal" to the register, are of course aspirations of progressive educationalists. Those who oppose registration, whether they realise it or not, really oppose the self-government of the nursing profession. There is now associated a group of Matrons, who, though opposing registration, wish if it is inevitable, to register hospitals and not nurses. Thus the present "go-as-you-please" system of education would be perpetuated by Act of Parliament, and the nurses deprived of the inspiration and benefit of a central examination test (the one portal) before registration. Such a system would stultify registration and deprive it of all co-ordinating force. This group also desires more power for Acting Matrons on the Central Nursing Council. They do not wish to be subjected to popular election by the registered nurses. Perhaps it could be arranged they should be elected by their peers (fellow Matrons).
LEAGUE NEWS.

THE LEAGUE OF ST. BARTHOLOMEW'S HOSPITAL NURSES.

The Summer General Meeting of the League of St. Bartholomew's Hospital Nurses was held in the Clinical Lecture Theatre, on Saturday, July 4th. The President, Miss Cox Davies, was in the chair.

REPORTS.

The following reports were received.

FROM THE TREASURER.

Mrs. Shuter, the Hon. Treasurer, reported a substantial balance in hand. It was agreed to place £25 to the Reserve Fund.

FROM THE GENERAL SECRETARY.

An interesting report was presented of the year's work. Miss Cutler stating that since June, 1913, 48 new members had joined the League. The membership was said to be

In January, Mrs. Andrews resigned the General Secretarieship.

After the House of Commons had passed the first reading of the Nurses' Registration Bill by a majority of 228, the Executive Committee resolved to send votes of thanks to Dr. Chaplin, M.P. (in charge of the Bill), and Dr. C. Addison, M.P. (who voted for it). They also wrote to Sir Frederick Banbury, one of the members for the City, regretting that he had not rejoin the Bill, and hoped that in the future he would support a measure of such importance.

Mrs. Bedford Wilestone pointed out that Sir Frederick Banbury not only voted against the Bill, but was one of those who immediately blocked it. Another member who did so was Lord Robert Cecil, who, she was glad to say, when appealed to by one of the members of the League, residing in his constituency (Miss Clara Lee), removed his block, from a sense of justice. She thought it discreditable that the member for the City should maintain such an attitude in the House of Commons, and hoped that members of the League would follow Miss Lee's example, and write to Sir Frederick Banbury.

FROM THE TREASURER OF THE BENEVOLENT FUND.

Mrs. Matthews then presented the Report of the Benevolent Fund, which showed that grants had been made amounting to £15, and the balance in hand was £53.2s.1d.

The President said that if the League had not been able to help the cases which had been brought before it from time to time they would have been in a poor plight. She would like to see the fund in a stronger position.

Miss Musson said the balance seemed to be a large one. She was in favour of spending the available funds rather than investing them. All these reports were adopted.

ELECTION OF SECRETARY.

The next business transacted was the election of a Secretary. The President said that Mrs. Andrews had given most invaluable work to the League, which owed her an enormous debt of gratitude. They owed her a very hearty vote of thanks, and this was warmly accorded. The Executive, in considering the appointment of a successor, were of opinion that no more suitable one could be found than Miss Cutler, who had already filled the position temporarily.

Miss Musson, in proposing Miss Cutler's appointment, also spoke of Mrs. Andrews' work in consolidating the League. She always felt that all had a personal friend in her, and that she was working not only for the League, but for the nursing profession as a whole, and to further the work of all women workers. Miss Finch seconded the motion and endorsed all that Miss Musson had said.

Miss Cutler accepted office.

ELECTION OF VICE-PRESIDENT.

Mrs. Andrews was then unanimously elected to fill the vacancy for Vice-President; and the President presented her with a handsome clock, as a keepsake, on behalf of the League.

In accepting the gift, Mrs. Andrews warmly thanked the members of the League.

ELECTION OF PRESIDENT.

Miss Cox-Davies was re-elected President. Miss Waind asked the President to accept a shower bouquet of pink carnations and asparagus fern, and to believe that she presented the flowers in the name of all members of the League, both absent and present, as a token of their appreciation of the manner in which she had held office.

Miss Cox-Davies thanked the members most warmly for their confidence and kind words.

MEMBERS OF THE EXECUTIVE COMMITTEE.

Miss Hale, Miss Vergette, Miss Binnian, and Miss Kiddell were appointed on to the Executive Committee, in place of those retiring.

THE ISLA STEWART MEMORIAL FUND.

Mrs. Shuter then presented the report of the Isla Stewart Memorial Committee, which was adopted, and stated that during the past year £118 3s. had been received. The total amount invested and in hand was £24 17s. 6d. The interest on £500 would enable the committee to give a useful scholarship, and it had been decided not to use the interest until that amount was invested.

Mrs. Fenwick, Chairman of the Memorial Committee, hoped that the League would by some means be associated in perpetuity with the support of the Memorial to its Founder, so that when those who had known her had passed away, new generations of members would keep in sympathetic touch with the scheme.

Mrs. Andrews proposed that some definite yearly subscription should be given by the League to the Memorial. Education was the cry of the moment, and the demand for qualifications becoming more stringent. It was only in regard to the nursing profession that people thought its members were born, not made.

The Founder of the League was a pioneer who did not live to see the fruition of her work. The
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existence of the League was a testimony to it, and the League as a whole should cooperate in establishing this Memorial. She looked forward to the time when, at the summer meeting, which she always regarded as Founder's Day, the League would elect a Founder's Scholar. She proposed that an annual subscription be given to the Memorial Fund.

This was seconded by Mrs. Victor Bonney. The principle was unanimously accepted, and the amount left to the consideration of the Executive Committee.

DELEGATE TO THE INTERNATIONAL CONGRESS.

Provisional arrangements for sending a delegate to the International Congress, to be held at San Francisco in June, 1915, were next discussed. The President said that the Executive were quite definite that a delegate should be sent. It was unanimously agreed that a delegate should be nominated from amongst those who proposed to attend the Congress, and that the League should contribute not less than £50 towards her expenses.

THE INTERNATIONAL MEMORIAL TO FLORENCE NIGHTINGALE.

The President then invited Mrs. Bedford Fenwick to give the League some information as to the proposed International Memorial to Miss Florence Nightingale, and Mrs. Fenwick briefly described the scheme proposed, pointing out that the result of her genius did not belong to this country alone, and the nurses of the world desired to raise a living memorial to the memory of the great founder of modern nursing, as well as the marble statue which all would be delighted to see. At the Cologne Congress eminent delegates from all over the world supported the proposition for an educational memorial and all were agreed that the Chair of Nursing and Health, which they desired to see endowed, should be connected with an English university.

June 2nd would be Education Day at San Francisco in 1915, and the nurses of the world would bring their gifts and present them in the Greek open-air theatre at Berkeley, the dignitaries of the University of California being present at the ceremony.

The President said the proposition was that every nurse should give one Day's Pay. The Executive had appointed two members in the hospital to act as Hon. Secretary and Treasurer, Miss Carver (Sister Kaliere) and Miss Lardner (Sister Stanley). She hoped the married members and those not now in active work would back up these contributions with good donations.

REPORT ON STATE REGISTRATION.

Mrs. Sluter presented a Report, as the delegate of the League on the Society for the State Registration of Trained Nurses, on the work of the year, laying special emphasis on the fact that it was memorable for the support accorded to the Nurses' Registration Bill in the House of Commons on March 3rd, when it gained a majority of 228 on its first reading. She urged that every influence should be brought to bear on members of Parliament to press for time for the second reading.

Also that the enforcement of Registration laws in our Dominions beyond the Seas must give a great impetus to the movement in the Mother Country.

THE BIRMINGHAM CONFERENCE.

Miss View, Delegate to the Birmingham Conference, gave a brief report of the proceedings, referring to the speech of Mr. Gilbert Barling, Vice-Chancellor of the University, in favour of Registration, to the paper of Miss G. A. Rogers, the keynote of which was education; and to the stirring speech of Mr. Lionel Stretton on the same subject.

She also alluded to Mrs. Fenwick's paper on the Florence Nightingale Chair, to the interesting afternoon session on the first day, and to the hospitality extended by the Lord Mayor and Lady Mayoress at the Council House, which she had the pleasure of attending.

The meeting terminated with a hearty vote of thanks to the President.

THE SOCIAL GATHERING.

After the strenuous business meeting, when many professional subjects had been so ably presented and discussed, the Social Gathering in the Great Hall was specially welcome. The noble old Hall was beautified with lovely roses, and a sumptuous tea, supplemented with strawberries and cream in abundance, was not needed to draw groups of friends to the little tables so attractively set out. Never had there been a meeting where good comradeship, and sympathetic understanding were more in evidence or where there was a braver array of gold medals. Members foregathered from India, Australia, South Africa; and European countries, and were delighted to welcome as their guests representatives of other Leagues, including the St. Giles and Bloomsbury Nurses' League, and the new League of Southwark Nurses. Amongst other guests many of the older nurses were delighted to meet Father (now Dean) Fleming, "the only descendant of Adam present," as he somewhat quaintly put it.

As the bright sunshine flooded the Hall, King Edward VII and Queen Mary beamed good humouredly from their gold frames, at opposite ends of the Hall, on animated groups of modern nurses, not only "sweet and serviceable to noble knights in sickness," but the apostles of health, the champions of the weak and oppressed, loyal comrades, indispensable servants of the State, awaiting the crown of their reward, which, when awarded by Parliament—we hope in the near future—will be worn with the dignity and modesty which becomes those pledged to a life of great responsibilities and high endeavour.

LEICESTER ROYAL INFIRMATRY NURSES' LEAGUE.

The annual meeting of the Leicester Royal Infirmary Nurses' League was held in the Recreation Room of the Nurses' Home, on June 18th.
The President, Miss G. A. Rogers was in the chair, and there was a good attendance, several members having travelled long distances on purpose to be present. After the usual business was disposed of, very interesting reports were read from Miss Wade (Delegate to the N.C.T.N.) and Miss Davies (Delegate to the Nursing Conference in Birmingham).

A discussion followed, with regard to the part the League should take in the International Congress of Nurses which is to meet at San Francisco in 1915, and the Nurses' Memorial to Florence Nightingale. With regard to the latter it was decided that an appeal should be sent out to members for contributions towards a "League Purse." A vote of sympathy with Sir Edward Wood in his late distress was passed unanimously.

As it was real June weather tea was served under the shade of the trees, after which members were shown over the reconstructed Children's Hospital, the beautiful sun balconies of which were specially admired.

THE IRISH NURSES' ASSOCIATION.

The Irish Nurses' Association are sending a Nursing exhibit to the Civic Exhibition, which is being held in the Linen Hall Buildings, Dublin, from July 15th to August 30th. They have taken two rooms. The larger one is being fitted up as a general hospital ward. The Matrons of the various Hospitals have taken the greatest interest in the exhibit, and have lent all the newest and most up-to-date appliances for it. The smaller room is being furnished by Miss Ramsden, Matron of the Rotunda Hospital, as an up-to-date Maternity Ward, and is certain to be beautifully done, and most instructive. The Secretary (Mrs. Jeffers) and members of the Irish Nurses' Association, will be in attendance daily to show visitors round the Exhibition, and so not only nurses but the general public will be greatly interested in this section of the Civic Exhibition. We are of opinion that the public does not realise sufficiently what an important social factor trained nursing is in the general welfare of the community, and to see is to believe.

TRUE TALES WITH A MORAL.

Amenities in a Board Room.

MR. GUARDIAN (to applicant for post of Assistant Matron for Poor Law Infirmary): "Miss Brown, I hear Sir Tompkins Brown is a relation of yours?"

Miss Brown: "He is my uncle."

MR. GUARDIAN No. 2.—"Is it true Sir Samuel Brown, J.P., is also related to you?"

Miss Brown: "He is my cousin."

Approving murmurs from the Board. "Highly connected, no doubt."

The same Board three months later: "'Oo do you think yerself?"

Miss Brown: "The Assistant Matron of your Infirmary."

THE SCOTTISH SOCIETY OF TRAINED NURSES.

NIGHTINGALE PRIZE

The Medal has been awarded to Miss Jane C. Cowie, Sister Electrical and Outpatient Department, Royal Alexandra Infirmary, Paisley.

The subject of the essay was "Modern Nursing: its Development, Responsibilities, and Advantages," Dr. J. Wallace Anderson, Glasgow:

THE NIGHTINGALE MEDAL

Miss Gill, R.R.C., Royal Infirmary, Edinburgh; and Miss Alexander, Royal Alexandra Infirmary, Paisley, acted as examiners.

The medal, which is silver, represents a woman's hand holding an ancient Greek lamp. Beneath are the letters F.N. The leaves are emblematic of Healing, while the ring is symbolic of Wisdom. It was kindly designed for the Society by the Reverend Donald Macrae, B.D., E.S.A. (Scot.). It has been executed by Mr. R. L. Christie, Silversmith, Edinburgh.

BADGE THE SCOTTISH SOCIETY OF TRAINED NURSES.

The Scottish Society of Trained Nurses is the only Society in Scotland of which membership is confined to trained nurses, and it aims at encouraging a keen sense of solidarity amongst them.
**APPOINTMENTS.**

**MATRON.**

Dorset County Hospital.—Miss L. Marlow has been appointed matron. She was trained at the County Hospital, Winchester, and has been Matron of the District Nursing Association Homes at Kingswood, and Hanham Private Nursing Home at Richmond and Matron of the Dorset County Nursing Home.

Prudhoe Hall Colony for Feebleminded and Epileptics, Prudhoe - on - Tyne.—Miss Nesta M. Hawkes has been appointed Matron. She was trained at the Southwark Infirmary, East Dulwich, where she subsequently held the position of Sister. She was then appointed to the charge of a male accident ward at the Beckett Hospital, Barnsley; and later returned to East Dulwich as Night Superintendent. She was then appointed Assistant Matron at the Rodggett Infirmary, in connection with the Royal Albert Institution; and is at present Assistant Matron at the Monyash Colony for Epileptics.

**ASSISTANT MATRON.**

Glasgow Royal Asylum.—Miss Helen Haddon has been appointed Assistant Matron. She was trained at the Cumberland Infirmary, Carlisle, and has been Sister at the West Herts Hospital, Hemel Hempstead, Night Superintendent Borough Hospital, Birkenhead, and Sister at the Royal Hospital, Salford, near Manchester.

Rotunda Hospital, Dublin,—Mrs. Margaret Fishbourne has been appointed Assistant Matron. She was trained as a " Dame of the Household " at Cheltenham, and then entered the Rotunda Hospital for Midwifery training. For two years she was Housekeeping Sister at Portobello Private Hospital, Dublin. Her general training was taken at St. Thomas' Hospital, where she subsequently held the positions of Housekeeping Sister, Office Sister, Ward Sister, and temporary Night Superintendent.

**SISTER SUPERINTENDENT.**

St. George's Home for Tubercular Patients, Chelsea.—Miss Dorothy Shepherd has been appointed Sister Superintendent. She was trained at St. Bartholomew Hospital and has for the last nine months been Sister of a Sanatorium Pavilion at the Northern Hospital, Winchmore Hill.

**NIGHT SUPERINTENDENT.**

Epileptic Colony, Alderley Edge, Cheshire.—Miss M. E. Hull has been appointed Night Superintendent. She was trained at Ancroats Hospital, Manchester, and has been Sister in the same institution, Charge Nurse at the Brook Hospital (M.A.B.), Shooter's Hill, Woolwich, Night Sister at the Heart Hospital, Soho Square, W., and Sister at the Bethnal Green Infirmary, London. She is also a certified midwife.

**SISTER.**

The Infants' Hospital, Vincent Square, S.W.—Miss Ella James has been appointed Sister. She was trained at the Staffordshire General Hospital, and has been Head Nurse at the Isolation Hospital, Penrith, Staff Nurse at the West London Hospital, and has done private nursing at Nice.

Northern Hospital, Winchmore Hill.—Miss Alice Holroyd Whitehead has been appointed Sister of Tubercular Pavilions. She was trained at Salford Royal Hospital, Manchester. Previous positions: Bury Infirmary, Theatre Sister; Southport Infirmary, Night Sister; Swithland and Mare Hall Convalescent Homes Assistant Matron.

City Hospital, Fazakerley, Liverpool.—Miss Margaret Borrows has been appointed Sister. She was trained in Fever Nursing at the Borough Sanatorium, St. Helens, in General Nursing at the Stanley Hospital, Liverpool, and has been Sister at the Isolation Hospital, Chester.

**LADY HEALTH VISITOR.**

Monmouthshire Education Committee, Newport.—Miss Lilian Jane Harris has been appointed Lady Health Visitor. She was trained at the City of Westminster Infirmary, and has been Staff Nurse at Highfield Tuberculosis Hospital, Bassaleg, Mon. Miss Eva Mary Court has also been appointed Lady Health Visitor. She was trained at the Taunton Hospital, and has been school nurse for the Derbyshire Education Committee, and for the Portsmouth Education Committee.

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

The following Staff Nurses resign their appointments:—Miss W. B. Allen (July 1st) and Miss M. L. Scott (July 3rd).

**QUEEN VICTORIA'S JUBILEE INSTITUTE.**

Transfers and Appointments.

Miss Maud Cowell is appointed to Burnham, Miss Harriette Fowkes to East London (Bow Common), Miss Josephine Gill to Burnley, Miss Florence Sugden to Cleator (Egremont), Miss Isabel Upton to Taunton.

**THE FLORENCE NIGHTINGALE MEDAL.**

Particulars are to be issued at an early date of the " Florence Nightingale Medal," instituted by the British Red Cross Society as the outcome of the International Conference of Red Cross Societies held in Washington in 1912.

The recipients of the medal (which will be awarded every two years) will be selected by the International Committee at Geneva from candidates chosen by the National Red Cross Societies, and will be presented by the Sovereign of the State, or, if that is impossible, by Princess Christian, the President of the Central Red Cross Committee.

**ROYAL SUSSEX COUNTY HOSPITAL.**

The Final Examination of Nurses in Medical and Surgical Nursing has just been concluded. The Examiners were Dr. Grainger Stewart, and Mr. Russell Howard, M.S. There were fourteen candidates, all of whom passed. The first three—Nurses Oppenheimer, Earl, and Poole—passed " with honours." The Butler Prize was awarded to Nurse Oppenheimer.
NURSING ECHOES.

In consequence of the dearth of nurses the Local Government Board is being asked to allow girls of eighteen years of age to enter Poor Law institutions as probationers. The present age limit is twenty-one.

What do the matrons say to this suggestion?

At the distribution of prizes at the London (Royal Free Hospital) School of Medicine for Women, Sir Wilmot Herringham, who distributed the prizes, said, amongst other things, that the present equipment of nursing institutions which had grown up in little lodging-houses was a disgrace to London. Co-operation is the order of the day, and doubtless in the future Home Hospitals will be provided built for the purpose. In the meanwhile we know of admirable nursing done in small homes, where privacy and personal supervision are more easily obtainable than in the larger "hospital" Homes.

We have received a copy of the charming photograph taken at Bournville on June 12th, when the members of the National Council of Trained Nurses were so kindly entertained there by Mrs. George Cadbury. The visit to this model cocoa and chocolate factory was quite a revelation to the majority of nurses. They were simply delighted with all they saw, especially with the evidence of the far-sighted sympathy with the workers in the care of their health.

The King and Queen have had a strenuous visit to Scotland, and have been most warmly received. On Tuesday they visited Glasgow, and paid first a visit to the Royal Infirmary, where His Majesty declared the Diamond Jubilee Memorial Block open. The Superintendent, Mr. J. Maxtone Thom, and the Matron, Miss Melrose, had the honour of being presented, and the latter presented the Queen with a lovely bouquet. Later, during the tour of the hospital, Miss Kate Bell, who worked years ago with the late Lord Lister, was also presented.

After luncheon with the Lord Provost, Their Majesties paid a visit to the new Royal Hospital for Sick Children, which the King declared open, and the Queen named the Southern ward. The King George V and Queen Mary Ward. Miss Simpson, the Matron, was amongst the notable people present.

The King and Queen then drove to the Western Infirmary, the Chairman presenting to Their Majesties the Board of Management, the Medical Staff, Dr. D. J. Macintosh, M.V.O., Medical Superintendent, and Miss H. Gregory Smith, the Matron. All these splendid institutions were in gala attire, and presented a beautiful appearance. Bands of happy nurses were well to the fore, in neat and speckless uniforms, looking worthy of any amount of recognition by the Legislature, as indispensable workers for the welfare of the whole community. Let us hope the King will ere long put his sign manual to the Nurses' Registration Bill, and thus show his appreciation of trained and skilled nursing for the sick.

Sister Agnes Karl writes to say how pleased she is that Sister Henriette Arendt was given time to address the meeting of the National Council of Trained Nurses at Birmingham, and to bring the evils of traffic in children for immoral purposes before it. Sister Arendt has since spoken on many platforms in England, and been received by members of Parliament interested in her work.

The Times questions Sister Arendt's statements so far as this country is concerned, as to the existence of an organised traffic of a particularly shameful kind in children, but admits the abuses of baby farming, which it states is a serious evil. We are of opinion that the conspiracy of silence concerning the violation and degradation of little children, is much more disastrous than the Times either knows or admits; and we are inclined to agree with a school nurse who recently remarked that "You may hang the red lamp outside every tenement house; very few little girls escape contamination who reside therein."

From the Times we note that in addressing the Court in support of several charges of gross indecency in Victoria Park, Mr. Greenwood, of the solicitor's department of the London County Council, said the Parks Committee was much troubled by the plague of indecency that seemed recently to have affected the frequencers of some of the parks and open spaces under the Council's control. During the present year it had been found necessary to prefer charges against men and women conjointly as well as against both men and boys for offences against children.

It is this "plague of indecency" which Sister Arendt is out to expose.
A bound volume of Nosokomos for 1913, the organ of the Dutch Nurses’ Association, and a bound volume of Una, with the compliments of the Royal Victorian Trained Nurses’ Association,” have been donated to the International Nursing Library in London, founded in connection with the International Council of Nurses. Complete files of The British Journal of Nursing, the American Journal of Nursing, and the majority of the official organs of National Associations of Nurses, are being gathered together. Thus the history of nursing throughout the world will be available for the study of future generations of nurses. Space and money will have to be found in the near future, if these invaluable records are to be worthily housed.

Miss M. Ard Mackenzie, B.A., R.N., Chief Superintendent and Inspector of the Victorian Order of Nurses for Canada, states in her report, which is incorporated in that of the Board of Governors for 1913, that “the year has been a most successful one, marked by an increase in work accomplished, by increased interest, and what is of still greater importance, by a broadening of our horizon. Wonderful possibilities loom up before us, not only beckoning us, but urging us to still further efforts, would we fulfill the trust put upon us in the year eighteen hundred and ninety-seven.”

The activities of the Order throughout the great Dominion are so numerous that it is impossible even to enumerate them. There, as well as at home, Child Welfare is an important consideration, and many pre-natal visits have been paid to expectant mothers, as well as subsequent visits to the babies to the end of the first year. These, says Miss Ard Mackenzie, are the two principal factors in reducing infant mortality. How can they be neglected? She also urges the importance of having well-managed Milk Stations for the educating of the mothers, wherever the nurses are working, and thinks that the Committees of the Victorian Order should urge their establishment upon the City Fathers. The Victorian Order Nurses do a large part of the Maternity Nursing of the Dominion.

The activities of the Order are divided, very roughly, into first, actual nursing and instruction, with a view to prevention, and second, the training of specialists in district and public health nursing.

Miss Ard Mackenzie concludes her report as follows:—“Again we thank our nurses for their splendid work in relieving and preventing suffering, for their loyalty to their profession, and hence to the Order. The various struggles and triumphs, the many acts of self-abnegation have not been recorded; we know, however, that there were and always will be such, but we must be content to leave them with the beautiful unrecorded things.”

His Excellency Lord Gladstone sent to Miss J. C. Child a silver bowl of a Charles II design as a souvenir, with expressions of thanks for her valuable services as first Superintendent General of the King Edward VII Order of Nurses in South Africa. Miss Pritchall, her successor, arrived at Kroonstad in the middle of June.

WELCOME HELP.

The President of the Society for the State Registration of Trained Nurses acknowledges with thanks the following donations:—Miss J. C. Child (South Africa), £1 4s. 6d.; Miss Rose Conway, 2s. 6d.

NATIONAL UNION OF TRAINED NURSES

GLoucester Branch.

The Members of the Gloucester Branch of the N.U.T.N. were invited on July 4th, by Miss Boiscall, Superintendent Nurse of the Union Infirmary (by permission of the Guardians) to a meeting in the Board Room. Twenty-six nurses were present. Dr. Grosvenor, the Medical Officer of the Union Infirmary gave a most interesting lecture on “Heredity” a quite new subject to this branch and one which was thoroughly enjoyed. Miss Boiscall after the lecture invited all to her rooms to tea. Four new members were enrolled.

C. A. Lee, Hon. Secretary.

Taunton Branch.

On June 18th the joint summer meeting of the National Union of Trained Nurses and the Midwives’ Association was held at Home Place, Norton Fitzwarren, Taunton. Miss Hood, Q.N., and Miss Budd, Q.N., being again the kind hostesses.

The lecture on this occasion was on “Flies and Bacteria,” given by Dr. Tripp, of Staplegrove, and most interesting bacteria cultures and specimens of flies were shown. Miss Joseph also gave a short address on the question of voting powers lying in the hands of trained nurses only, or of lay people as well, asking members to give their consideration to both sides. She also touched on the financial prospects of the N.U.T.N.

Some Morris dancing and jigs were much appreciated by the audience and thanks are due to Miss Hood and Miss Budd for their kind hospitality.
THE NATIONAL CONFERENCE ON INFANT MORTALITY.

The Lord Mayor of Liverpool presided at the opening session of the National Conference on Infant Mortality, in St. George's Hall, on July 1st, and in welcoming the Conference to the city, pointed out that a high death-rate meant much more than the death of the children concerned. It indicated conditions, causing many of those who survived to grow up physically unfit. No one could contend that it was economically sound, humane, or justifiable, to allow this, if the unfitness were preventible. The right course was to take early steps to prevent physical unfitness, and relieve the country from enormous expenditure later in life.

As the President of the Local Government Board, who was invited to give the inaugural Address, was unable to attend, his place was taken by Mr. J. Herbert Lewis, M.P., Parliamentary Secretary to the Local Government Board; Mr. Samuel, who was engaged with the Standing Committee, dealing with the Milk Bill, in the House of Commons, in writing to express his regret, said that in promoting the purposes for which the Conference stood, he was rendering more useful service even than in personally attending it, and added that the presence of the Right Hon. Herbert Lewis was an indication that the interest of the Local Government Board, in the movement of which Mr. John Burns had given such frequent proof, remained unimpaired.

Mr. Herbert Lewis was able to state that the campaign against infant mortality had made great strides, and the results achieved in the direction of lives saved and better health secured were remarkable. Had the death-rate during the five years—1890-1910—been equal to the average death-rate during the years 1871-1880, nearly 150,000 more infants under one year of age would have died than was actually the case; and more than 400,000 infants under five years of age. The saving of infant life had become an Imperial question. If they were to maintain the position of the race, they must secure its future by preventing the waste of infant life. In removing causes which struck at the lives of infants, and in securing more beneficial conditions, they were also securing stronger, healthier and happier lives for those who lived. The prevention of the waste of child life and the avoidance of ailments which would cripple through after years, and cost much money and pain, was expenditure remunerative in the highest degree.

Alderman Broadbent, of Huddersfield, in proposing a vote of thanks to Mr. Herbert Lewis, said that the Government was fully committed to a line of work which made for the preservation of infant life and the care of maternity.

MORNING SESSION, JULY 2nd.

The first paper was presented by Dr. A. K. Chalmers, Medical Officer of Health for Glasgow, who said, in the course of a paper devoted to the consideration of Antenatal Hygiene and its Relation to Still Births, Premature Births, and Mortality during the First Months of Life, that there was obvious reason for regarding the causes of death in the early weeks of life as forming to a large extent the centre of the problem of infant mortality, and it was a natural outgrowth of this that the enquiry should be pushed into the antenatal period. Action should be pushed along three specific lines—the mother's health during pregnancy, the Maternity Benefit under the National Insurance Act (which, he thought, might be administered so as to provide for the mother during the last months of pregnancy), such medical guidance as her condition sometimes demanded, and the registration of still births. He was of opinion that until by some such means the causes of pre-natal death could be inquired into that much of the difficulty surrounding postal natal deaths from immaturity would remain obscure.

Dr. Janet Campbell, Medical Officer to the Board of Education, dealing with the Teaching of Infant Care and Management to girls in Public Elementary Schools, said that the Board of Education had for some years past encouraged the teaching of infant care and management to elder girls in public elementary schools. In 1910 they issued a Memorandum on this subject, and since that time had consistently endeavoured to promote and extend the provision of facilities for affording girls some practical knowledge of the care and management of little children.

Dr. Eric Pritchard, in an interesting paper on The Scope and Functions of Schools for Mothers, summarised his views by saying that the most effective weapon with which to fight infant mortality is good mothercraft, that good mothercraft is best taught and best learnt in schools for mothers, and that the work of those institutions deserves public recognition and some form of State endowment, with stringent inspection by the Central Authority.

AFTERNOON SESSION, JULY 2nd.

At the Afternoon Session, Dr. E. W. Hope, Medical Officer of Health, Liverpool, contributed a paper on The Aims and Objects of Methods of Sterilization of Milk. He said that the Liverpool Health Committee had adopted the system established in 1894 for mothers who could not suckle their infants by supplying them with cow's milk modified so as to simulate human milk, rendered free from disease producing germs by sterilization, and sent home in bottle, which could be used as feeding bottles, and so fastened that contamination was impossible.

Dr. David Forsyth of London who spoke on the health of children under school age said that one of the most disquieting results of State Medical inspection of elementary school children was the discovery of widespread physical deterioration among the entrants to the infant departments.
MORNING SESSION, JULY 3RD.

At the Morning Session on July 3rd, Dr. Robertson, Medical Officer of Health, Birmingham, spoke of the Special Responsibilities of Sanitary Authorities with regard to Infant Welfare; Dr. Clive Riviere of London, on the Protection of Infants against Tubercular Infection; Dr. Helen V. Campbell, Medical Officer to the City of Bradford Infant Clinic, on The Scope of the Infant Clinic, and Dr. H. W. Pooler, Hon. Physician to the Birmingham Infants’ Health Society, on the Effect of Income on Nursing Capacity and Infant Growth.

REFLECTIONS
FROM A BOARD ROOM MIRROR.

The suggestion that Westminster Hospital should remove to a site on Clapham Common does not appear to be without disadvantages. It is pointed out that the district is fairly well served with hospitals, and that the suburb where a general hospital is urgently needed is in the districts of Earlsfield, Tooting and Merton.

As a guest of the evening of the National Liberal Club, Lord Haldane delivered an address on “The Inwardness of the Budget.” He said the present Budget was concerned largely with the rising generation. He referred to the problems of the falling birth rate and infant mortality, and said he looked forward to the creation of a Ministry of Public Health. So do we.

At a recent meeting of the Weekly Board of the Leicester Royal Infirmary it was decided that the salary of Mr. Harry Johnson, the secretary and house master of the institution, should be at the rate of £750 per annum up to March 31st next, at which date he wishes to resign the post.

It is announced by the War Office that a Committee has been appointed to inquire into the working and organization of Voluntary Aid Detachments.

Not one trained nurse or even a woman is placed upon it!

The terms of Reference are to inquire into and report upon the difficulties which have been experienced in co-ordinating the work of the societies and associations in forming, registering, training, administering, and controlling Voluntary Aid Detachments, and to make suggestions for amending the existing schemes for the organization of voluntary aid, with a view to the removal of such difficulties.

The Committee is being furnished, by those concerned, with statements on any difficulties that may have been experienced in working the present scheme, and is proceeding forthwith to take evidence.

Let us hope some of the nurses who worked in the recent Balkan Wars will offer to give evidence.

A WORLD-FAMED INDUSTRY.

We wonder how many of the people who use the hygienic specialities which have been brought to such perfection by Messrs. Southall Bros. & Barclay give a thought to the time, labour, and expert business capacity brought to bear on their production, or to the many processes necessary before the finished articles are placed on the market.

By the courtesy of Mr. Thomas Barclay, I was recently able, with a few other interested Conference members, to visit the Charfold Mills at Saltley, near Birmingham, where the company manufactures surgical dressings from the raw material, weaves cloths for bandages and gauze, and bleaches them at the mill and prepares its far-famed hygienic specialities. Over twenty-five million gallons of Birmingham water were used at Saltley for this purpose last year.

The cotton industry, as Mr. Barclay recently explained to a meeting of shareholders, is a specially interesting one, because, from its magnitude, the welfare and prosperity of the country largely depend upon it. Messrs. Southall’s mills at Saltley alone account for about a thousand tons of raw cotton a year.

The world’s annual production has doubled in twenty-five years, and is about five million tons. The area planted in the United States is about thirty-eight million acres, and in addition there are the crops in Egypt, the East Indies, Brazil, China, Africa, and Peru. Planting is usually completed in May, and the picking finished in December. Although the production has doubled in twenty-five years the cost of raw cotton has not decreased, but on the contrary has doubled too.

It is significant of the great increase in the Company’s business that notwithstanding the increased cost of the raw material, its profits have not decreased. The production in 1913 was five times as much as that of 1903. Indeed, as Mr. Barclay explains, in manufacturing it seems impossible to stand still. He is particularly interested in the Saltley business because he nursed it when it was a baby. It has developed steadily in the years of childhood, but has one chronic affection, it suffers from growing pains. A spasm is expected just now.

Arrived at Mr. Barclay’s office, the first things which claimed one’s attention were a specimen of cotton in the pod, and some beautiful photographs, one of a cotton field, showing acres upon acres of the ripe cotton ready for picking, another which we reproduce, of a section of a cotton field in Tennessee, where the gathered cotton is being weighed. How many nurses who are constantly handling cotton as the finished product, give a thought to the patient and busy black fingers which gather the raw material under a tropical sun. “Give a dog a bad name and hang him,” and it is the fashion of some who sit at home at ease to talk contemptuously of the “lazy nigger.” If they did a “nigger’s” work for one day they might have reason to alter their opinion.
Another photograph shows a busy scene at the wharf side, a great ship being loaded with bales of raw cotton.

But time presses, and under Mr. Barclay's guidance we proceed to the various departments of the mills. First we see the raw cotton in bales, as packed in the cotton fields. After a preliminary cleaning this is drawn away by fans to the bleaching kiers, and the dust which has been extracted from it to the cyclones outside the building. Many operations are gone through before the raw cotton is bleached. It is boiled in caustic soda at a 60 lb. pressure to remove the fat, gummy, and resinous matters. It is then thoroughly washed to expel the dirt and soluble matter, bleached in chloride of lime to destroy the natural colouring matter of the fibre, washed again to remove soluble products, treated with acid to remove the chlorine compounds and lime left from the last process, then it is washed in soap to neutralize all traces of acid and soften the cotton, tinted with blue in cold water to correct the natural yellow cast of the cotton, and lastly the water is extracted in preparation for the drying machine.

All this is explained amid the noise of machinery so loud that only by standing close to our guide, who is shouting in our ears, can we hear what he is telling us.

In the drying and combing process the cotton is automatically fed into a large chamber with walls, where it is conducted over 900 feet of perforated iron plates through a powerful draught of hot air.

Next there is the opening and "scutching" of the cotton, processes by which the fibres are loosened, the dirt shaken out, and the cotton is finished in rolled up sheets ready for carding.

WEIGHING THE RAW COTTON IN MEMPHIS, TENNESSEE.

The last mentioned is a most interesting process. The cylinders and rollers are covered with millions of fine steel points, and these separate the fibres and comb them out, remove the lumps and lay the fibres parallel in a fleece of finished absorbent cotton. Then the fleeces are rolled together to make them of the required thickness.

In another mill we saw the winding of the yarn, and the weaving of bandages, gauze, and domette by combining the warp and weft threads, thus forming the mesh of the cloth. The weft usually crosses the warp about 180 times a minute.
Here also the weak places are taken out of the yarn by an ingenious bobbin winder.

In a third mill Southalls' Sanitary Towels, hospital pads, and accompaniment necessaries are made from materials manufactured in the other mills. This factory is on one floor, and a large number of girls are employed under the supervision of Miss E. A. Hill, a trained nurse, to whose guidance we were handed over.

Here deft-fingered girls in clean caps and aprons, supplied by the firm, were busily at work. The long, sausage-shaped cylinders covered with gauze, which we had seen filled with wool were quickly cut by a guillotine into the required lengths and loops were sewn on with a sewing machine. Others were quickly packing the accompaniment sets, for which Messrs. Southall are famous, which have been designed after consultation with obstetricians and trained nurses. The sets vary in price from 10s. 6d. to £5 5s. These are not only most convenient, but can be relied upon as being thoroughly aseptic. Other useful specialities are the compressed towels, which are reduced by pressure into so small a compass that they can be packed in tins boxes 2 in. long and yot, when opened, assume their shape and elasticity. Southalls' Day or Night Tidy for ladies, made in nainsook with a waterproof lining, and which can be worn with any sized towel in the same way as an infant's pich, and Southalls' Sanitary Knickers, must be a boon particularly in hot countries. Another useful speciality is the protective apron, the outcome of much thought and experience, for use with Southalls' Sanitary Towels.

The Accompaniment Sheets have only to be seen to be appreciated.

The Infants' Knapkenettes were used in the Nursery of H.M. the Queen, and these also can be had in compressed form.

Many were the appreciative remarks heard from the visitors; thus: "We have had a splendid time; it is really important that we should know in what sort of a place our surgical dressings are made. I like the hygienic appearance of the workrooms and the cleanliness of the girls.

Others admired the dainty dressings, woofs, gauzes, and swabs, and no maternity nurse could fail to appreciate the convenience of the accompaniment requisites. The whole works, as one visitor remarked, were an education.

The time passed far too quickly for us to see nearly all there was of interest, but, as we were once again packed into the motors placed at our disposal we realised, as never before, that the nurse and the manufacturer must work on terms of close intimacy if the best results of the work of both are to be attained.

M. B.

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Nurses should note that Dr. Ridge's Patent Cooked Food (Royal Food Mills, London, N.) has achieved a world-wide reputation as an easily digested preparation. It is very acceptable to many invalids.

ROYAL COMMISSION ON VENEREAL DISEASES.

At the forty-second meeting of the Royal Commission on Venereal Diseases evidence was given by Professor Blaschko of Berlin, Honorary Secretary of the German Society for combating venereal diseases.

Professor Blaschko reviewed the statistics relating to venereal diseases in Germany and other countries. Comparing England and Germany he thought that, though the English Army figures were much higher than those of the German Army, prevalence of the disease was probably greater in Germany. This he attributed to the fact that conditions of life were better in England; at any rate temptation was far greater in Germany than in English towns of the same size.

The question whether venereal diseases in Germany were increasing was, he said, a difficult one to answer. During the last forty years German had been changed from an agricultural nation into an industrial state with many great towns. In view of the fact that the prevalence of venereal diseases increased with the size of a town, it might have been expected that the prevalence would have increased.

Trustworthy statistics over a long period did not exist, but the returns relating to German recruits in the last ten years showed that an augmentation was not probable. Professor Blaschko concluded therefore that some favourable influences had been acting and he thought that the work of the German Society had played an important part. This Society was constituted in 1902, and its main objects might be stated to be:

1. The enlightenment of the public on the ravages of venereal diseases and the necessity of combating them.
2. The scientific discussion of all problems connected with the combating of the diseases.
3. The keeping in touch with legislative and administrative bodies and the proposing of reforms in the law and administration.

The committees of the Society were representative of all classes, including educationalists, insurance bodies, physicians, lawyers, public officials, merchants, members of Parliament, and all well-known women. There were branches of the Society in nearly all large German towns, and it was through these branches that the principal part of the work was done. These branches organised public meetings and lectures at which discussion might be permitted. The Society had a large number of wax figures, diagrams, drawings, and lantern slides, and these were lent for the purposes of education. "Representations of Brieux's drama, 'Les Avarees' (Damaged Goods) had also been organised, and most of the local branches had supported the representation. In Berlin alone, this play had been performed more than one hundred times at seven theatres.

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The British Journal of Nursing. July 11, 1914
The German Society had taken much pains to introduce better sexual education at home and school, but in practice it had appeared that there were many difficulties and prejudices to be surmounted.

INSURANCE ACT VISITORS.

The following article from Tuesday's Times opens up a question of very far-reaching interest, both to members of the nursing profession engaged in district nursing, and to the compulsorily insured sick.

INSURANCE ACT VISITORS.

"A good deal of criticism has been recently directed against the methods of many of the 'sick visitors' employed by the approved societies in connection with the administration of National Insurance benefits. The functions of sick visitors are to see that patients have medical attendance and are following the instructions of the doctor, and their work is of great value to the societies as a check on malingering and imposition. A large number of cases have been reported lately, however, in which they have exceeded their functions and put undue pressure on the patients—often regardless of the doctor's advice—to "sign off the panel" and to go back to work. The sick visitor is usually a person with no nursing or medical training.

"A serious instance of such interference is vouched for by Dr. Harry Roberts. This was a case of bursitis of the knee, for which rest was ordered. The sick visitor, however, according to the patient's report so threatened her that she returned to work. The knee naturally got worse, an operation was necessary, and the wound was being regularly dressed when the sick visitor called again and ordered the patient to undo the bandages so that she might see the wound. Dr. Roberts adds that the mere handling of a wound of this character without aseptic precautions is serious enough, but in this case the gauze plugs adhering to the surface dressings were pulled out of the wound.

"As a rule, where the sick visitor exercises tact and judgment her assistance is welcomed by the physician. The difficulty is that women with the necessary experience and qualifications cannot be obtained for this work. Some of the approved societies have attempted to bridge the difficulty by offering to employ nurses to act as sick visitors, in which capacity they would have to fill up forms containing reports on the cases. This proposal is strongly opposed by the nursing organisations, as it would, they hold, place the nurse in the position of diagnosing the cases which they are attending. Equally strong opposition comes from medical men. Dr. Cox, secretary of the British Medical Association, said this innovation would be a disastrous thing for the nursing profession."

OUR FOREIGN LETTER.

NURSING SMALLPOX IN INDIA.

During the middle of March my friend and I were sent to nurse an epidemic of smallpox in Central India. It is very rarely that this disease breaks out in a nice open, well-kept cantonment station, but, unfortunately for the European in India, the ignorant native worshippers smallpox, and so does not think it unwise to work as a domestie, even if some member of his family is laid up with it, and this is what happened. The servants having mixed with the folk in the bazaar in whose houses cases of pox were occurring, conveyed the disease.

The station we went to was a fairly large one, and the people we nursed belonged to the army.

In Central India, even in the month of March, the days are very warm. Every green Thing begins to look dried up; the grass on the immense plains is an eye-sore (peculiar brown yellow), and dust flies with every slight puff of breeze. Owing to want of accommodation, we were housed in a large tent. Out of the seven patients, five were in tents, having a slight attack; and the other two bad cases were in the dread isolation hut, with its windows with red curtains, warning passers-by of danger. Being military, great precautions were taken, and we were strictly isolated.

We had under us two European hospital orderlies, two native assistants, a cook, a sweeper, and an ayah. The last for our especial use only. The place we were placed in, or shall I call it our "little camp," as everyone else except the folk in the hut were under canvas, was practically surrounded with plains. Only on one side and a distance away were some dwelling houses. On these plains and with our guide, the ayah, we used to take our daily outing. If we went near enough, we came across the bones of an ox and other smaller animals, which gave the plain a weird appearance—and the hills in the distance made one think of panther, &c., but this could not be as it was too near to town.

Far away, but close enough to be seen, were the golf links and polo ground; and this was the only time we saw anybody—when they played these games. Of course, the medical man in attendance was most kind, and sent us books; and the army nursing sisters attached to the hospital made enquiries for our comfort.

Both the nurses shared the large tent. We had a fair amount of furniture, but all eatables for the following day were kept on the dining table. The nurse who was working day and therefore the possessor of the tent by night, had a queer awakening the first night, and a repetition of the same every night following. About 9 p.m. would commence the unearthly noises made by the jackals, sounding as if they were all shouting to a shriek the word, "dead Hindoo." Sometimes they would come to within a few feet of the tent and commence their " war cry." This would occur four or five times during the night, but they are timid
animals and easily frightened away. When no
stones were thrown at them, you would occasionally
find them trooping into the tent, but on the
slightest movement they would be off.
Our ayah would stay with us night and day.
She was a funny old thing, about fifty years of
age—very fat, very black, with grey hair and a
wrinkled kind of face. Her costume was a blue
petticoat with plenty of gatherings at the waist;
a dark maroon warm jacket with long sleeves;
and a white cloth over her head, shoulders and
blouse, which she tucked into her waistcoat, and
called a "hornace." She was supposed to be a
general help. In the night she used to sleep on
the ground on a carpet near the bed.
My turn of nights in bed was a moonlight one,
and often I used to lie awake listening to the
different noises. It happened that I looked
towards the entrance door from which a stream
of moonlight entered, and there, standing near
the sleeping ayah, was a hungry hyena, a much
larger sized animal than the jackal, and known
to have attacked man (but this is rare). It had
come to try for some of the dainties laid out
on the table. I was afraid to drive it out as it
looked so fierce, but eventually made a noise
and it calmly walked out of the tent. It must,
however, have come in again, as in the morning
the bacon had disappeared. I told the ayah
the following morning about this beast, so she
always after took a long bamboo stick to bed
with her. I used often to wake up in the
nights by this old woman beating the bed and
furniture and shouting to drive away an imaginary
animal. I do believe she often did this in her
sleep, as she was surprised at my shouting at
her to stop.
When seated in the isolation but doing night
duty, jackals would actually come snuffling
around us. The stage of isolation was most
tiring, as it was difficult to keep the patients
amused. Near the Isolation Camp the natives
had set up an idol, and every day would see our
ayah making her salutations to it. She firmly
believed that she would not take the pox, but
said she would be delighted to have it, as it was
considered lucky, and was a gift from the gods.
Such are the ironies of the East. Things we abhor
and know are avoidable, the ignorant native
believes to be a visitation from the gods, for
good or bad works done.
The smallpox ran its course with no dreadful
happenings, and the day for our departure
arrived. The order was given for the tonga to
take us to the station. The cook wanted a
certificate, the sweeper also wanted one, and,
of course, our old friend the ayah. With big
salams from them all and buk-sheesh and broad
grins on their faces and ours, we got into the
tonga and were off. The tonga tried our patience.
Harnessed to it were two fat bulls, who generally
preferred to walk except when encouraged by
the driver with a twist of the tail or a knock from
the stick, when they would start off running
with a great jerk to the carriage, almost throwing
us out and as suddenly would commence walking
again. The driver, to remind them, would twist
their tails and beat them, at the same time
shouting all sorts of curses on them and their
ancestors for generations back, when the same
would be enacted. Why, we could have walked
with more comfort, but it was proper to sit where
we were, and there we did stay till the station
was reached. Our driver was off his seat in a
minute and very attentive. We gave him buk-
sheesh! Our luggage had gone ahead. The
next scene we met was the station ball where sold
the tickets. He seemed so pleased to see us
that we had to laugh. The train steamed in
after a while, and we got into the reserved seats
and were quite comfortable. Our journey back
took sixteen hours.

Amelia Burke.

P.S.—The word "buk-sheesh" means a tip in
Hindustani.

OUTSIDE THE GATES.

WOMEN.

The Court of the Clothworkers' Company has
promised £4,000 towards the £50,000 required
by the Household and Social Science Department
of King's College for women for the completion of
the new buildings on Camphire Hill.

The Home Secretary, on the recommendation
of the Prison Commissioners, has appointed
Miss Selina Fox, M.D., at present Superintendent
of the Bermondsey Medical Mission, to be
Lady Superintendent and Deputy Medical
Officer of the institutions for women at
Aylesbury, comprising the Female Convict Prison,
the Borstal Institution for Females, the State
Inebriate Reformatory for Women, and the
Preventive Detention Prison for Women.

The interesting correspondence on "Women's
Discontent"—And Why?—has continued during
the week in the Daily Graphic. Many instructive
articles and letters have appeared. Nursing
conditions have not been approved of. For
instance, the Rev. Percy Deenam writes:—
"Speaking generally of unrest and change, there
has been of late a profound revolution in customs
and manners. One has only to read present-time
novels to know that women are no longer expected
to faint. Parents, too, are bringing up their girls
in a much healthier way, although that problem
is not yet faced in the right way. Women are not
contented in the old way to be household drudges,
and girls to-day are not going to sacrifice their
lives playing patience with some old creature.
Christianity means the right of full
development to every creature, and here the
woman's voice comes in. To deny the right
of individuality is short of Christianity, and
to do this is not being fair to women. In the
professions for women alone conditions are
bad. Take, for example, the nurses. The people
talk of hospitals, and have their Hospital Sundays,
but nothing is done for the nurses. Their hours
are a disgrace to civilisation, the time for meals
is insufficient, and the wages received are totally inadequate. One only wishes for more unrest in the nursing ranks. Advantage is taken of lives of self-sacrifice and devotion, and doctors who know ought to feel responsible. Ministers of religion should also demand better conditions for the nurses.

Miss E. Kent supports Mrs. Fenwick's statement that nurses are discontented with their present unjust economic conditions, owing to lack of legal status, and says that the demand for State Registration is the vox populi of the nursing and medical professions, and that nurses are tired of being associated with fraudulent masqueraders and criminals.

Mr. E. Powers, a wealthy bachelor, who is a candidate for the Mayonality of Quincy, Massachusetts, has promised his "hand and heart and half the mayoral chair" to the lady who proves the greatest aid in his election. Surely in New England women have a voice in such a detail as accepting a proposal.

**BOOK OF THE WEEK.**

"**THE WHITE THREAD.**"

Tilly thought it was hard to "work for five and nine a week and try to be cheerful, and can't even hope for the best as other people do."

A drunken brother, two mentally deficient brothers, and the usual shortness of money are not exhilarating factors in one's life, but Tilly dealt with them all in a masterly manner. With regard to the mental taint she expressed her opinion that "soon half the world'll be in the 'sylum and the other half minding 'em."

Tilly earned her five and nine as a domestic drudge; her scanty outings were divided among her family, of which our Tilly was the driving force.

Mr. Kingdom, the plumber, whom she afterwards married, was the recipient of her confidences, both of joy and sorrow. "She was introduced to him for the first time at the commencement of the story, when he was sitting with his legs dangling through a gap in the floor."

"She had been gone from the Porter Street home just four months, and this was her third return duty visit."

"It's a good job we didn't have a Brussels carpet down to be ruined. That's the only advantage of bare boards, isn't it?"

The expedition to Hadley Woods with the half witted brother from the 'sylum was organised by Mr. Kingdom, as even this moderate outing was quite outside Tilly's ken.

"It's no use," she admitted to the servantmaid next door, who had joined her various time tables and country rambles guides; "if you killed me, I could never understand the thing. Some of the trains seem to start off and never reach the place, and others get there without starting. And every time I do seem to get one under my thumb there's a dot or a thingamajob to say it doesn't stop there, or that it doesn't stop that day, or its only for horses, or something of that. Just the things, I say!"

"The girls' frank delight in her unaccustomed treat is one of the best things in the book; and her unselfish devotion to Tommy's welfare is not the least part of her pleasure.

... Have another sandwich, Mr. Kingdom, before I put 'em away; it is a pity to carry 'em home again just because of the mustard. And I went and bought a penny tin of my own, too, to be free of the mistress."

The trams caused her unbounded satisfaction.

... 'It's been' rushed along on velvet springs, ain't it? Now, then, Tommy, off we go again! If you'd have lived years ago a ride like this would have cost you a hundred pounds, instead of fourpence. Look at the sky, now! All blue and gold. Ain't you lucky, Tommy? And if you only behave yourself you don't know but what you'll have another day somewhere, before the summer's out."

But Tilly would not hear a word in disparagement of Stepney.

"I begin to think there's no place better than where you're born and brought up. You get fond of it somehow, wherever it is; you know all the cracks in the pavement, and the short cuts, and the people, and the shops. Poor old Stepney! Good old Row!"

"The White Thread" is really just a chronicle of Tilly, and she is a delightful little person altogether. We must, however, quarrel with Mr. Halifax for introducing so large a proportion of mental detection in his story, for this is a subject that must ever sadden and depress, and the world cannot afford to take such as recreation.

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**COMING EVENTS.**

*July 10th.—Nurses Registration Bill. Informal discussion. 20, Upper Wimpole Street, London, W. 8.30 p.m. Matrons and Nurses cordially invited.*

*July 10th.—Society for State Registration of Trained Nurses. Annual Meeting, Medical Society's Rooms, 11, Chandos Street, Cavendish Square, London, W. 4 p.m. Tea after the meeting by kind invitation of Mrs. Walter Spencer at 2, Portland Place, London, W.*

*July 22nd.—Central Midwives' Board. Penal Board, Caxton House, S.W. 2 p.m.*

*July 23rd.—Central Midwives' Board. Monthly Meeting, Caxton House, S.W. 3.30 p.m.*

*August 5th.—Central Midwives' Board: Next Written Examination in London. The oral examination follows a few days later.*

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**WORD FOR THE WEEK.**

Life is mostly froth and bubbles,

Two things stand like stone:

Kindness in another's trouble,

Courage in your own. —*Lindsey 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.

WOMEN AND THE COMMITTEE OF INQUIRY.

To the Editor of The British Journal of Nursing.

Madam,—It is reported that a committee has been appointed “to inquire into the working and organization of Voluntary Aid Detachments.” The names of the committee are given, and it would appear that it is composed exclusively of men—there is not one woman’s name upon the list. Now, Voluntary Aid Detachments are composed chiefly of women. There are, for instance, in the County of London, registered with the British Red Cross Society, 51 V.A.D.’s of women, with a personnel of 1,327, and four V.A.D.’s of men, with a personnel of 211 (see report, March, 1913). I should therefore like to point out to those responsible for the selection of this committee that it is, under the circumstances, scarcely appropriate that this inquiry should be conducted solely by the male sex.

The work of V.A.D.’s is primarily women’s work, for it concerns the care of the sick and wounded, and I would deferentially suggest that the committee should include some women doctors, some fully-qualified women nurses, together with some non-specialized women who have had experience as organizers of women and as commandants in women’s Voluntary Aid Detachments.

If women are incapable of taking a share in the organization of work which is pre-eminently women’s work, they are incapable of responsibility in a national crisis, and the whole scheme of V.A.D.’s should be relegated to the sphere of drawing-room games. But if, as I maintain, women are very capable of participating in the organization of work concerned with the sick and wounded, then the exclusion of the female sex from this committee of inquiry is an insult to all women and a special grievance to those thousands of women who have, throughout the country, ever since the inception of the scheme of V.A.D.’s, sacrificed much money, time, and energy in the cause of national defence.

Yours truly,

M. A. STOBART.

3. Reynolds Close
[Hampstead Garden Suburb, N.W.]

[We heartily support Mrs. St. Clair Stobart’s point of view.—ED.]

THE RELIEF OF PAIN.

To the Editor of The British Journal of Nursing.

Dear Madam,—I was extremely interested in the article on “The Relief of Pain” published in the last issue of the Journal. Dr. Gordon seems to understand what nurses want to know, and to have the faculty of explaining it to them.

MATRON.

WHY SHOULD SCOTTISH NURSES WAIT?

To the Editor of The British Journal of Nursing.

Dear Madam,—I read eagerly all registration news in The British Journal of Nursing, and it has occurred to some of us Scottish Nurses that it is unjust we should have to wait for registration, when we are almost unanimous for it in Scotland.—Committees, doctors, matrons, nurses—simply because in England so much commercial point is made by hospitals like the London Hospital, out of their nurses. We do not have that system of farming out private nurses for hospital upkeep in Scotland, and hope we never may have to suffer such injustice. Then our Matrons are all in sympathy with State organization, and the help it will be to better education and conditions for us, and Scottish nurses naturally have confidence in following their lead. We don’t see why we are to be dictated to by the Matrons of London Hospitals, who are head-in-lg-ressive and sympathetic to the London Town. We are to have a Scottish Midwives Act. Why not a Scottish Nurses’ Act—that is unless this stupid opposition ceases? Ireland could also have an Act and then reactionary England would have to follow. As it is we are all held up because English Committees are frightened of nurses having power to remedy the abuses from which they suffer.

Yours truly,

A SCOTTISH SISTER.

REPLIES TO CORRESPONDENTS.

Senior.—The principal reason why ergot should not be given until the third stage of labour is over is that should there be any abnormality connected with the placenta, as for instance if it is adherent, the contraction of the uterus resulting from the ergot, may cause difficulty in carrying out the necessary treatment. Not only the uterus but the cervix may be contracted, and great difficulty arise in dealing with the situation. The point as to whether ergot should be given after the third stage is over is a debatable one which does not arise in your question; but it is an important one, as many midwives trained some years ago were taught to give it as a routine practice, but the weight of modern opinion is adverse to this.

M.V.W.—Please send name as guarantee of good faith, not for publication.

TO CORRESPONDENTS.

As the letters addressed to the Editor weekly on all sorts of questions to do with the journal and otherwise have now arrived at great dimensions, stamps must be enclosed if a reply is required. No charge whatever is made for replies.

OUR PRIZE COMPETITIONS.

July 18th.—Define hemorrhage, shock, coma, asphyxia, syncope.

July 25th.—How may the course of pregnancy be affected when the mother suffers from syphilis? What are the effects upon the child, supposing it is born alive, when the mother suffers from (a) syphilis or (b) gonorrhoea?
The Midwife.

CENTRAL MIDWIVES' BOARD.

JUNE EXAMINATION.

At the examination of the Central Midwives Board, held in London and the Provinces on June 15th, 1914, 582 candidates were examined and 15 passed the examiners. The percentage of failures was 10.7.

List of Successful Candidates.

London.


Edmonton Union Infirmary.—C. Clark, E. A. Hines.


Greenwich Union Infirmary.—M. E. Tansley.


Hackney Union Infirmary.—M. Taylor.

Lambeth Parish Workhouse.—C. G. Fotheringham, E. A. Harris.


Maternity Nursing Association.—M. A. Drogan.


New Hospital for Women.—A. K. Holloway, E. Lawton.


St. Bartholomew's Hospital.—E. M. Ward, St. Thomas' Hospital.—I. Mitchell, L. M. Ramsay.


West Ham Workhouse.—L. W. Cox, E. E. Maskell.

Whitechapel Union Infirmary and St. Mary's Hospital, Manchester.—H. J. Jones.

Woolwich Military Families Hospital.—D. Pester.

Provinces.

Aldershot, Louise Margaret Hospital.—M. E. Alexander, L. Hanson, E. M. Mills, E. E. Morris, E. M. Seymour.


Birkenhead Maternity Hospital.—M. J. Donaldson, E. A. Kellett, M. Miller, A. Worthington.


Birmingham Workhouse Infirmary.—F. E. Beresford, A. E. Edwards.

Bradford Union Hospital.—A. M. Macnab.

Brecon Union Infirmary.—A. Jones, W. E. Butcher.


Bristol General Hospital.—M. Gardner, M. J. Patrick, E. E. Scott.


Chester Benevolent Institution.—L. M. Eves, A. Scott, K. J. D. Walthall.

Derby, Royal Derby Nursing Association.—L. A. Fulcher, L. Nattrass, E. Oliver, E. E. Snow.

Devon and Cornwall Training School.—E. J. Bradley, L. F. Haines, M. Nevile, M. A. Stoneman.

Devonport Military Families Hospital.—G. A. Carpenter.


Essex County Cottage Nursing Society.—G. A. Inston, A. Jackson, A. Oakley.

Gloucester District Nursing Society.—A. Ireland, H. Parker, W. M. Smith.
Upswich Nurses' Home.—E. E. Magee.
Leeds Union Infirmary.—N. P. Clark.
Liverpool Workhouse Hospital.—E. Cree, A. Kirkham, F. E. Maytus, H. C. Wilson.
Manchester, Township of South Manchester, Hospitals.—R. Thompson.
Manchester Workhouse Infirmary.—L. G. Fletcher, M. Taylor.
Mansfield Union Workhouse.—L. K. Pegg.
Newcastle-on-Tyne Maternity Hospital.—A. E. Dent, F. E. Roberts.
Norwich Maternity Institution.—K. E. Hurten.
Nottingham Workhouse Hospital.—D. L. Brewer, M. J. Stratton.
Nottingham Workhouse Infirmary.—M. Vale, J. Widdowson.
Portsmouth Military Families Hospital.—M. Cousins, A. H. Palmer.
Portsmouth Workhouse Infirmary.—A. Harding.
Rochdale Union Workhouse.—N. Hargrave.
Rotherham Union Workhouse.—C. Dyson.
Sheffield, Jessop Hospital.—M. E. Balmer, M. E. Chadleigh, J. Ferguson, F. Rackham.
Sheffield Union Hospital.—L. E. Bleakley, E. I. English.
Shrewsbury, Helenia Hospital.—A. B. Whitehead.
Staffordshire Training Home for Nurses.—M. Holland, M. Hughes, E. M. Owen, E. Parry, M. E. Soderberg.
Walsall, West Derby Union Infirmary.—I. S. Dubben, S. E. Dodd, B. G. Rowland.
Wolverhampton District Nurses Home.—A. Brown.
Worcester County Nursing Association.—A. Smith.
York Maternity Hospital J. Banks.

WALES.
Merthyr Tydvil Union Workhouse.—M. James.
Monmouthshire Training Centre and Newport (Mon.) Union Infirmary.—O. Williams.

SCOTLAND.
Aberdeen Maternity Hospital.—K. C. Yule.
Edinburgh Royal Maternity Hospital.—N. S. Baikie, J. F. Clark, E. Forbes, A. M. Fraser, C. Hunter, M. Proudfoot.
Glasgow, Western District Hospital.—M. A. Hamilton.

IRELAND.
Belfast Incorporated Maternity Hospital.—A. Cassidy.
Belfast Union Maternity Hospital.—A. Cahalan, C. G. Cleetley, C. Devlin, G. E. Dunne.
Cork Lying-in Hospital.—J. O'Leary.
Dublin, Coombe Hospital.—N. Cremin, A. Fleetwood, S. A. Mossman.
Dublin, National Maternity Hospital.—C. Franklin.
Dublin, Rotunda Hospital.—G. Davison, S. M. Wallace.
Lurgan Workhouse Infirmary.—M. M. Bennett.

PRIVATE TUITION.

PRIVATE TUITION AND INSTITUTIONS.
THE LONDON COUNTY COUNCIL.

The Midwives Act Committee reported to the London County Council on Tuesday that from time to time notices of having summoned medical aid had been received from certified midwives practising within the county who had not advised the Council, as the local supervising authority, of their intention to practise. The course hitherto followed in such cases had been to communicate with the midwife and point out to her that Section 6 of the Act provided that any woman who omitted to give the necessary notice was liable, upon summary conviction, to a fine not exceeding £5. Cases of this kind, however, continued to occur and it appeared desirable that some further steps should be taken to secure that in all cases the necessary notice was given of intention to practise. The Committee was considering as to instituting legal proceedings against offenders should further cases arise. Certain of the cases were those of women who only practised during the absence on holidays of other midwives, and the Committee had arranged, therefore, for the attention of each midwife known to be practising in London to be called to necessity of bringing to the notice of any midwife who might undertake to act for her for a limited period, the fact that the Council must be duly advised of intention to practise within the county.

A DESERVING CHARITY.

Princess Christian, Princess of Schleswig-Holstein, and the Grand Duke Michael were present recently at a concert, at the Mansion House in aid of the City of London Lying-in Hospital, City Road, of which the Queen is patron. About £300 was raised towards clearing off a debt of £5,000 for the rebuilding of the hospital, which has a large practice, both indoor and outdoor, among a very poor class of the community.

A French medical journal says that the effect of the child sucking the breast is the best stimulant to increase the flow of milk. Some children have a congenital intolerance for breast milk and cannot assimilate it. Cabbage eaten by the mother may occasion diarrhoea in the child. Abuse of chocolate may also injure the baby.

ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

Sir Francis Champlin, Bart., M.D., presided at the Annual Gathering of Midwives, convened by the Association for Promoting the Training and Supply of Midwives, at which Princess Christian was present, held by invitation of Lady Emmott, at 30, Emm巽more Gardens, S.W., on Thursday, July 2nd.

Among those present were the Lady Balfour of Barlochi, Sir George Fordham, J.P., Miss Rosalind Paget, Miss Loretta Grant, and others.

In his opening remarks the Chairman said the training of midwives was in a transitional condition, and the midwives themselves were wishing it extended. There were fewer midwives, as the difficulty of the work, and the smallness of the pay was increasingly realized, but the quality of the pupils was better. The Insurance Act has upset the profession altogether, but eventually he hoped it would right itself.

Mr. Charles Ebdon then gave a short address of welcome, referring to the words inscribed on the Association's badge—mercy, pity, truth, and love, after which the Princess presented the Association's Badge to the midwives present who had earned it, and it was subsequently forwarded to eight midwives who were unable to attend to receive it personally. The following is the complete list announced by Miss Lucy Robinson:—

Midwives A. Allen (Wirral), E. Bailey (Oxfordshire Nursing Federation), Sarah Beeley (King's Lynn), Ellen Billington (Chester, Staffs.), Sarah Byron (Birkenhead), Lilian Copland (Stroud Nursing Association), Ellen Curtis (Ceremonial, Middlesex), Ellen Gardner (Waltham Infirmary, S. E.), Elizabeth Gommell (Gloucester-Horsham County Nursing Association), Elizabeth Hall (Sussex County Nursing Association), Matilda Lawson (Long Buckby), Northamptonshire, Matilda Middleway (Bristol), Ethel Nokes (Devonshire County Nursing Association), Marie Oger (Forest Gate), E. Jane Robinson (Armfield, near Newcastle-on-Tyne), Fanny Smith (Devonshire County Nursing Association), Fanny Weathers (Sussex County Nursing Association).

Three Certificates were also awarded.

A vote of thanks to Her Royal Highness was moved by Mr. F. E. Fremantle, Medical Officer of Health for Hertfordshire, seconded by Lady Emmott, and carried by acclamation.

The Princess then left, and the chair was taken by Miss Paget; the midwives present were invited to ask questions, and availed themselves readily of the invitation. The fees charged, the notification of Ophthalmia Neonatorum, and the length of suspension after contact with an infectious case were discussed. It seems certain that the effect of the National Insurance Act has been to raise the scale of payment of midwives, as most reported that they were receiving fifteen shillings per case.

Tea was served at the conclusion of the meeting. Those midwives who were able to stay in town till the following day availed themselves of the
invitation to meet Miss Buchanan at the Royal College of Surgeons on the following morning and study some of the interesting specimens there.

SALTASH BABY SHOW.

Alexandra Rose-day at Saltash dawned dull and unsettled; the afternoon turned out gloriously fine. The great feature of the day's proceedings was "The Baby Show," which attracted between seventy and eighty entries from all classes of the community.

The important task of judging, carried out on the previous day, proved a social event—as it attracted a large attendance of mothers and other interested persons who were hospitably entertained to tea by the Mayor and Mayoress (Mr. and Mrs. Lang), who kindly placed their residence "Riverbank," at the disposal of the judges.

The judging was thoroughly and carefully carried out by Miss Tait McKay (Supt. C.C.N.A.), assisted by Miss Epps (Inspector Q.V. J.L., South-Western Division); Nurses Sheen and Stevens also giving valuable assistance by weighing and measuring the competitors.

The Prizes were presented by the Mayoress—the ceremony taking place in the Recreation Field, on the band stand, the Mayor presiding. The winning infants, ranging in age from one month to two years, were handed up to receive their prizes; some slept peacefully amid the excitement, some laughed, some howled so loudly that they "had to be restored" with all possible speed to their mothers.

Quite three-quarters of the babies judged got the maximum number of marks; the rest came very close. Special prizes were awarded to the youngest baby (Leslie Keith), twelve days' old, Eileen L. Parke (champion girl), and Percival Clayton Marsden Hingston (champion boy). Four prizes were given in each class (of which there were six), according to age. The judge, in the course of her remarks, congratulated Saltash on its "Bonny Babies," stating the success of the show was largely due to its excellent organization, carried out by a committee of ladies. The amount taken during the day was about £36.

SCOTTISH MIDWIVES' BILL.

The British Medical Journal reports that the Council of the British Medical Association has considered the provisions of the two Scottish Midwives Bills introduced in the House of Commons and House of Lords respectively, and approved the action taken by the Scottish Committee in recommending the Scottish Divisions to approach their Members of Parliament, urging them to support the Lords' Bill, which Bill gives to the Scottish Committee the appointment of representatives of the profession upon the Central Midwives Board proposed to be set up in Scotland.

AN UNAUTHORISED ADVERTISEMENT.

The Hon. Secretary of the Leeds Maternity Hospital gives public notice through the press that it has been brought to the notice of the board of management of the Hospital that an advertisement for the adoption of a baby born in the hospital has appeared in the press with the address of the Hospital given for applications. The board wish it to be known that no adoption of babies is permitted from the Hospital under any circumstances whatever, and the issue of this advertisement is a direct infringement of the rules.

A BABY HOSPITAL FOR MANCHESTER.

Manchester is taking a step in the right direction by supporting a movement promoted by women doctors for the establishment of a hospital for babies. The only Infants' Hospital in the country at present—apart from Children's Hospitals, which are not the same—is the one in Vincent Square, London, which is doing such admirable work.

For some time the need of such an institution for Manchester, devoted entirely to the care of young babies who do not thrive in their homes, has been recognised, and it has now been decided to open a small hospital in Clarendon Street, Chorlton-on-Medlock, for babies suffering from gastro-intestinal disorders or defects of nutrition; and it is further proposed to begin work early in August in order to meet the special need for treatment during the summer months.

In connection with this new scheme a preliminary appeal for funds has been issued. It is expected that the expenses for the first year will amount to £800. Miss Margaret Ashton has given £300 with the proviso that the expenses for opening on August 1st are secured; this, there is every reason to hope, will be achieved.

A WELCOME CHEQUE.

The Lord Mayor of Birmingham recently met the members of the Birmingham and District Sunday Evening Concerts Committee, and received from them a cheque for £500, £150 of which is to be devoted to the Hospital for Women, Sparkhill, and £50 to the Taylor Memorial Home.

In accepting the cheque, the Lord Mayor said that a debt of gratitude was due to those who went to so much trouble to make arrangements for the concerts which had had such an excellent result. He thought there was no hospital in Birmingham which needed assistance more than the Women's Hospital. The hospital did a great work, and could do considerably more if only they had the funds. He hoped the handsome contribution he had received would afford the help to do something further in that direction.

We recently described in this Journal the open-air ward at the Women's Hospital for the reception of puerperal cases.
EDITORIAL.

THE VERY GATES OF HELL.

The Church in this country is indebted to the Bishop of Ely for having brought before the Upper House of Convocation of Canterbury, in session at the Church House, Westminster, the question of criminal assaults on young children, and for embodying his views in the concrete form of a resolution as follows:

"That this House desires to put on record the distress and apprehension which it feels at the large number of assaults on young children which are now reported, and to express its earnest hope that public opinion will actively concern itself in supporting legislative proposals dealing with these evils and in remedying conditions of life (such as ignorance and overcrowding) conducive to this kind of immorality; and further that it will uphold Judges and magistrates in their efforts to put down a species of crime which is horrible in itself and full of danger to the morals of the rising generation."

Speaking on the Resolution, the Bishop said that though the state of things might not be worse than in bygone years, the actual number of criminal assaults on children was a dreadful and menacing fact. He believed a large number of these crimes were incestuous—some said as many as twenty per cent.—and he thought that Judges and magistrates would welcome a strong and calm manifestation of public opinion, such as would uphold them in passing sentences which would have a really deterrent effect.

The Resolution was seconded by the Bishop of London, who, as our readers are aware, has introduced a Criminal Law Amendment Bill into the House of Lords, by which the age of consent would be raised to 18. Dr. Winnington Ingram said that the conscience of Churchmen was not so inflamed, or so keen, as the Nonconformist conscience. He had had 200 Resolutions from Nonconformist bodies backing up his Bill, and only one or two from Church people. He did not mean that the Church was not keen on the matter, but the public opinion of the Church needed focusing and arousing. The Bishop asseverated that in an enormous number of cases these crimes against little girls were committed by relatives, often fathers or brothers, and put his finger on the plague spot in pointing out that this resulted from the fact that a great mass of the population were packed away under conditions which made morality very difficult indeed.

It is the old moral preached long ago by Charles Kingsley, whose ardent and sensitive spirit was aflame with the wrongs of which he knew, and which he passionately voiced in his poem, "The Bad Squire," when he wrote that:

"Packed in one reeking chamber.
Man, maid, mother, and little ones lay."

One section of the community, and that the most defenceless, suffers this shame, and the ears of another are too delicate to hear about it. Until women claim the right to know and understand, so that they may help to heal this open sore, so long do they fail to realize the responsibility and the dignity of their womanhood.

Every Bishop who spoke had something of value to add to the discussion. The Bishop of Winchester said that though the number of offences of this kind of which they were cognizant was terribly and tragically large, it was very much less than the number which actually occurred. He advocated corporal punishment for offences of this nature.

Again, the Bishop of Lincoln told Convocation that the cause of extreme acts of militancy on the part of women Suffragists was the apathy of men to this class of crime, and the belief that in having no vote they were deprived of one great means of redressing the wrongs of womanhood.

The Archbishop of Canterbury said that the subject was so grave that it made one feel that in touching it they were touching the very gates of hell, but they had the promise that even the gates of hell could not prevail against the Church of the Living God.

Let us remember that the duty of the Church of the Living God is to be the Church militant here on earth.
OUR PRIZE COMPETITION.

DEFINE HEMORRHAGE, SHOCK, COMA, ASPHYXIA, SYNCOPE.

We have pleasure in awarding the prize this week to Miss C. G. Cheatley, Union Infirmary, Lisburn Road, Belfast.

PRIZE PAPER.

Hemorrhage may occur from the arteries, veins or capillaries, and either appear externally—external hemorrhage—or be retained inside one of the body cavities—concealed hemorrhage. In external hemorrhage, besides the general symptoms of loss of blood, the blood will be seen, and the amount can be estimated. In concealed hemorrhage the diagnosis is often difficult until the patient has lost so much blood as to be in danger of dying. Hemorrhage may also be primary, intermediary, or secondary. Primary hemorrhage occurs directly after a wound is made, and is the variety of hemorrhage most commonly seen. Intermediary hemorrhage occurs within twenty-four hours of the primary wound, and is due to the reopening of a cut vessel. It may be brought on by the slipping of a ligature, or by increased force of the heart-beat displacing the clot of blood with which Nature temporarily closes cut vessels. Secondary hemorrhage is caused by suppuration extending into the walls of the vessels, or by the vessels becoming gangrenous. It is not uncommon during the suppuration of the sloughs of bad burns, and it is sometimes seen after operations in which sepsis has failed. Ulceration occurring in new growths will sometimes open a large vessel and cause secondary hemorrhage, and is one of the ways by which life is terminated in malignant disease.

Shock is a condition of general depression of the vital processes which if carried to excess ends in death. It occurs after any severe injury or operation, or the shock may be of mental origin, but in all cases the symptoms and treatment are the same. The symptoms are—a sub-normal temperature, feeble irregular pulse, shallow respiration, a pale greyish colour of the face, which is bathed in cold clammy sweat. The pupils are as a rule dilated. Shock is treated by rest, warmth, and the administration of fluids and stimulants.

Coma is complete loss of consciousness; it occurs after compression and injury of the brain, epileptic fits, &c. In coma the breathing is slow and laboured, and may be stertorous; the pulse is slow, the bladder may be paralysed, the pupils dilated or unequal.

Asphyxia is caused by some condition which prevents the blood from being aerated in the lungs. It may also occur from the tongue falling backwards into the throat and covering over the opening into the larynx, or—after an operation on the mouth—from blood running into the air passages.

The causes may be:

1. Obstruction in the upper air passage, such as foreign bodies in the trachea, strangling, and hanging.
2. Want of oxygen, as when carbonic acid gas is breathed, or in drowning.
3. Consolidation of the lung, as in broncho-pneumonia.
4. Inability to expand the chest, as in crushing, or
5. Collapse of the lungs.

The symptoms are—increasing cyanosis with violent convulsive efforts to breathe.

The treatment is to remove the cause of the obstruction and to supply oxygen.

Syncope or fainting may arise from many causes, such as want of fresh air, heat, severe cold, pain, exhaustion, and nerve failure. In all cases let the patient have as much fresh air as possible. When a person has become insensible, let him lie flat on the ground, loosen all tight clothing, and rub the hands with a little Eau-de-Cologne. Smelling salts may be used, and cold water sprinkled over the face; do not use too much, for the chill which usually accompanies a fainting fit generally renders the patient very cold. Rub the hands well, and if animation is long suspended, and medical help has not arrived, it may be necessary in extreme cases to use artificial respiration, as in the case of suffocation. Sal volatile or brandy may be administered as a restorative in very bad cases. A warm drink, hot milk, coffee, &c., often serves the same purpose when the fainting has been caused by cold or exhaustion.

HONOURABLE MENTION.

The following competitors are awarded honourable mention:—Miss Dorothy Maton, Miss Beatrice Smith, Miss Dora Vine, Miss K. Thompson, Miss A. Phipps, Miss O'Brien, Miss F. Sheppard, Miss F. May.

We have received a paper with the postmark "Wallasey," without name, address, or coupon.

QUESTION FOR NEXT WEEK.

How may the course of pregnancy be affected when the mother suffers from syphilis? What are the effects upon the child, supposing it is born alive, when the mother suffers from (a) syphilis, or (b) gonorrhea?
THE INTERNATIONAL COUNCIL OF NURSES.

READY FOR AFFILIATION IN 1915.

At the March meeting of the Council of the Australasian Trained Nurses' Association, held in Sydney, a resolution was received from the Hon. Secretary of the Royal Victorian Trained Nurses' Association, forwarding a resolution of their Council, affirming the desirability of forming a combined Council of the two Associations, in order that affiliation might be obtained with the International Council of Nurses. The proposal was favourably received, but consideration of the method of forming such a Council was postponed. Meanwhile, it was suggested that a suitable title for such a body might be "The Australian Federated Associations of Nurses."

We are now informed that the organization of a Federal Council of Nurses has been decided upon, which will be eligible to affiliate with the International Council. The three representatives of the Royal Victorian Trained Nurses' Association are Miss Mann, Lady Superintendent of the Alfred Hospital, Melbourne; Miss Farquharson, who has held leading positions in the Victorian nursing world; and Miss Greta Lyons—three admirable representatives. It is hoped the Australasian Trained Nurses' Association will do likewise, and that a meeting will soon be arranged to agree on final details of organization.

We are pleased to note that the representation of all the Nurses in the various States of the Commonwealth in one Federation will soon be an accomplished fact. The Australasians appear to have the faculty of effective national organization, and for this reason should prove an additional strong link in the chain of internationalism. If both Australia and South Africa are ready to affiliate at San Francisco next year, all the most influential groups of trained nurses in the world will stand together in international amity and power. That such a result should be possible in sixteen years is extraordinary evidence of the unity of the Profession of Nursing throughout the world, and of the power of the solidarity and purity of purpose of the professional nursing press. It is through the medium of our national organs that the message has been carried from land to land. The organization and consolidation of the International Council of Nurses is very striking evidence of the power of the Press, and proves how efficacious it is for our profession, in every country to handle and control its own journal, if freedom of conscience in the conduct of its policy is to be maintained. A lesson the nurses in this country will no doubt apply as practically as their American colleagues at no distant date.

REGISTRATION NEWS.

Mr. H. Gilbert Barling, F.R.C.S., and Vice-Chancellor of the University of Birmingham, has consented to the admirable Address which he delivered to the National Council of Trained Nurses at Birmingham, being issued in pamphlet form. It will be a valuable addition to current registration literature, and should be widely read. The pamphlet will be issued by the Society for the State Registration of Trained Nurses, which is a constituent part of the National Council.

Professor Barling has, of course, been taken to task by Lord Knutsford for venturing to express an opinion on nursing affairs, and has added to the indebtedness of the nursing profession by expressing his opinion that it is impossible for a woman with less than three years' training to obtain sufficient experience to be considered thoroughly qualified.

IN HOLLAND.

The registration controversy in Holland is almost identical with that carried on in London. The officials of the large hospitals associated in the Bond voor Ziekenverpleging, and with them their nurses, "until now the meekest sheep," as a correspondent quaintly words it, are ranged against State Registration, in opposition to the more enlightened rank and file, no longer under their authority. Recently "the sheep" have protested against the autocratic statement of the Board of Officers of the Bond, that in the nursing world State Registration is not wished for, and as a result of this protest a resolution has been adopted at the Annual Meeting expressing the wish to nominate a committee to study the desirability of registration. It does not appear to be the most expedient method of proceeding, but it is at least evidence that the "meekest sheep" have begun to bleat—and that is a wholesome sign. Our correspondent wants the printed opinion of Sir Victor Horsley and other eminent medical men, who are supporting the nurses in England, as "testimony's from eminent persons in favour of State Registration are for us, who are in the midst of the fight, of very great value, especially when they are from medical men." Our medical protagonists may, therefore, realize that their help extends beyond these shores—through publicity given through this Journal, which is read all over the Continent.

IN CALIFORNIA.

The term of grace for registration without examination in California is now at an end. Henceforth all applicants must pass an examination
under the Bureau of Registration of Nurses of the State Board of Health. Under the waiver 4,500 nurses have registered, quite a remarkable number in one State in so short a time, and practical evidence of how legal status is valued by thoroughly trained business-like Californian nurses. Through the educative influence of The Pacific Coast Journal of Nursing, they do not only value their own Act, but are well up in the history of the shameful tactics of the opposition to the Bill in this country.

In Victoria.

An influential deputation, representative of the Council of the Royal Victorian Trained Nurses' Association, at Melbourne, recently waited upon the newly appointed Minister of Health, to ask him to provide for a scheme for the State Registration of Nurses. Dr. Hurley pointed out that the chief reason actuating the Association in asking the Government to assume control of registration was its inability to prevent non-qualified persons from foisting themselves upon a credulous public as experts in nursing and midwifery; and Miss Glover said that the Association had done as much as it could do under the present voluntary system, it was for the State to do the rest.

The Minister, in replying, said he feared there was little probability of getting a Bill through in the coming short session, also he was doubtful as to the advisability of including midwifery provisions in its scope, chiefly because a separate midwifery Bill had already been drawn up. The deputation thought they could obtain the consent of the midwifery authorities to the incorporation of their Bill in a general nursing Bill, which the Minister agreed would get over the difficulty. No one was more convinced than he was of the necessity of supervising the training of nurses.

There is no doubt, both for the sake of economy and efficiency, that it is desirable for all branches of nursing to be organized under one board. Nurses in Victoria have no opposition, either from the medical profession, or from hospital authorities, so their position in asking for legislation is a very strong one.

In South Africa.

Dr. Thornton, the Medical Inspector of Hospitals in Cape Colony, has issued an interesting report on hospital and institutional work, including, of course, nursing. On the recommendation of the inspector, a larger number of probationers have been employed in several hospitals, partly to give them more leisure for study, and partly to combat the prevailing shortage. On his suggestion, also, the Provincial Administration has decided to give two small bursaries to the two nurses who pass first and second in the June and December examinations. It is anticipated that, in consequence, more nurses will take a maternity certificate, as they will thus be provided with the necessary funds.

Since the levelling up of the Cape salaries to an equality with the Northern Provinces, the shortage has not been so acute.

In respect to the need for the consolidation of the law regarding the nursing profession, we learn from Dr. Thornton's report that many people, throughout the province, and particularly Matrons of training schools, have expressed the hope that the Government may take early steps to consolidate the law relating to the registration and training of nurses. There is a fairly general feeling amongst nurses, shared by not a few medical men, that the Cape Medical Council, as at present constituted, is not sufficiently in touch with the hospitals in which nurses are being trained, to allow it to discharge its functions satisfactorily.

Dr. Thornton thinks, with many others, that the nursing profession has reached a stage in South Africa when it can claim with some justice the right of representation on any body charged with the management of its affairs, and that it is not unreasonable that it should have some voice through its duly appointed representatives in regard to the registration and training of nurses.

Dr. Thornton states that personally he would like to see the law amended, so as to provide for nursing problems to be dealt with by a Committee consisting of members of the Medical Council and a number of trained nurses and midwives, elected by the nursing profession as their representatives. This suggestion is also supported by the South African Nursing Record, which published Dr. Thornton's report at length.

We cannot, however, agree with the movement for the issue of a lower grade certificate to coloured nurses, and are glad that the Cape Medical Council has refused to grant it. The standard for all nurses, European and coloured, should be the same, and the true interest both of the sick and of native nurses, will be conserved by maintaining the one portal standard.

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**PRACTICAL POINTS.**

If applied within twelve hours, undiluted medical I zal is an effectual remedy for gnat and mudge bites. Shake the bottle and invert it, then apply the end of the glass stopper to the bite, and gently rub in the Izal by a circular motion with a finger-tip. There will be no more irritation or swelling.

In long cases of illness, the skin of the feet often becomes callous. This may be prevented by a daily foot-bath in water of not more than 100 degs. Fahr. Nearly fill a deep, flat-bottomed enamelled basin, place this in the bed so that the patient may by drawing up the knees, rest both feet in the basin. Fold a bath-towel round a newspaper, and tuck it over the basin before replacing the bed-clothes, leaving the feet to soak for about ten minutes.
WOMEN'S WORK IN WAR.*

By Mrs. St. Clair Stobart.

It is well known that the War Office has organised through the British Red Cross Society, for purposes of National Defence, a system of Voluntary Aid Detachments in which women are invited to serve. But in my opinion, this scheme is failing for the following reasons. The British Red Cross Society, as at present constituted, is unfitted to be entrusted with the scheme of organising aid for the sick and wounded, in National Defence, because the care of the sick and wounded is obviously the work of women, and yet, upon the Executive Committee of the British Red Cross Society, as notified on Form "A" (i) of March, 1913, there are twelve men, and there is not one woman. Upon the Voluntary Aid Advisory Sub-Committee appointed by this Executive Committee, there are a few ladies, representative of the aristocracy of various counties of England and Wales, but there is not one representative of the nursing profession. The name of one trained nurse has been smuggled in amongst the imposing list of Royalties and entitled Aristocracy, which composes what is called the Council of the British Red Cross Society, but with this exception, the Society, which has for its main function the care of the sick and wounded, has, in the most marked fashion, boycotted from its Council the one profession whose members sacrifice their whole lives to the study of how most efficiently to carry out the work upon which the British Red Cross Society's money is expended.

The result of this exclusion of women from the Councils of an organisation devoted to the interests of the sick and wounded, was brought into almost comical relief during the late Balkan War, when, controlled by men, the British Red Cross Society, in ignorance of the conditions prevailing in the Balkan peninsula, refused the services of trained nurses who would have been invaluable in the hospitals of war, and with the exception of a few nurses, despatched at the request of the Queen of Greece, sent Detachments, consisting of men only (of whom many were totally unfit for the task) to nurse the sick and wounded.

Further it must be noted that in direct ratio to the discouragement given by the British Red Cross Society to the trained nurse, is the encouragement offered to the inefficient amateur who, with practically no qualifications, is welcomed in Voluntary Aid Detachments, and smothered with lightly-earned brooches and medals, and given altogether false notions of her own value in national emergency. Instruction in first aid has been excellently given by the St. John Ambulance Association, for years, and it is difficult to see why the British Red Cross Society should have been asked to do work, which merely overlaps that of the older Society. But though both Societies are excellent for teaching women an elementary knowledge of first aid, suitable for use in the street, and the home, in time of peace, the training is totally insufficient for the more serious emergency of war, in which discipline and a wider training are all important.

It is not suitable that women who are to be called upon to take a share in the important work of National Defence, should in time of peace be under the control of philanthropic, drawing-room Associations, and in time of war be suddenly transferred to military authorities who would exact thoroughness and discipline. Discipline is not learnt in five minutes. The duplication of authority is crippling in time of peace; it would cause chaos in time of war.

Women who are to be efficient in the Territorial sphere, must be given opportunities of training and discipline similar to those which are given to Territorial Royal Army Medical Corps men. The triviality of the present V.A.D. training, the lack of discipline and the haphazardness of the whole V.A.D. scheme, as now in practice, would result in fiasco in time of emergency, and the whole cause of women's work in national service would be seriously prejudiced.

I plead that women should be allowed to form a supplementary Army Medical Corps, to act in conjunction with the men, and to be subject to the same authority as the men of the territorial army. There are in this country more women than men, there are a large number of able women doctors and surgeons, also a very large number of trained nurses, and there are, in addition, a large number of women capable and desirous of being trained in all the other departments of work (not only cooking, laundry, nursing and doctoring, but in ambulance work, both with stretchers and wagons) which occur in that sphere of operations between the Field Hospital and the Base Hospital. So long as there is a shortage in territorial numbers, it is wasteful to draw off able-bodied men from the fighting line, to do work which could be done by women.

But if women are to do this work, they must be allowed to do it as a duty, not as a game, and they must be seriously trained, not only in the work but in the discipline which the proper conduct of the work demands. I suggest—as negative criticism is, in my opinion, valueless—that women who are dissatisfied with the present condition of affairs, and who are serious in their desire to take their share in the territorial service of their country, should appoint representatives from amongst women doctors, nurses, and also amateurs desirous of being treated seriously, to consider a scheme for the organisation of an efficient territorial service of women for presentation to the War Office.

It can no longer be asserted that women are only capable of a little first aid and amateur nursing in their homes or in hospitals of war which are conducted by men. The Women's
Convoy Corps gave in the Balkan War a practical demonstration that women can not only improvise and administer in all its departments a hospital of war with successful results, but that women can, without harm to themselves, or hindrance to others, endure physical hardships and overcome difficulties which, being incidental to the conditions of war, may have been supposed to be only appropriate to men.

My practical suggestion for this Conference would then be that the Voluntary Aid Detachments inaugurated under the auspices of the British Red Cross Society and of the St. John Ambulance Association, be regarded as nurseries and stepping stones to a more serious national service for women. Those women who only seek drawing-room amusement would never go beyond the sphere of their V.A.D., but it would be far better for the War Office to have at command a few hundred trained and disciplined women upon whom in national emergency reliance could be placed, than to permit hordes of untrained and undisciplined women to regard themselves as fully qualified to take positions of responsibility in time of war. Those seriously-minded women who have the welfare of the nation at heart, could form themselves into a valuable adjunct of the Territorial Army Medical Corps.

The reputation of women is at stake. It rests with them to take this matter up and see to it that in future any organization which has for its object the care of the sick and wounded, shall be controlled conjointly by women and by men.

**ASSOCIATION OF SUPERINTENDENTS OF NURSING HOMES.**

We are pleased to hear from Mrs. Stabb that the above Society is taking shape, and that a fair number of applications have been received in response to an invitation from the Provisional Committee to join the Association.

The objects of the Association are:—
1. The maintenance of a high standard of Nursing in nursing homes.
2. The promotion of common interests among the Superintendents in the development of their work.
3. The protection of the professional and economic interests of Superintendents.

Membership is open to:—
1. Superintendents holding a three years' certificate of a recognised training school.
2. Members must employ in the actual nursing of their patients only fully certificated nurses, or those with not less than three years' hospital experience.
3. Retired certificated nurses may be elected Honorary members and Honorary Officers.
4. Trained nurses not holding a three-year certificate, may at the discretion of the Committee, be elected members.

**PROVISIONAL COMMITTEE.**

The following lady superintendents have consented to act on the provisional Committee: Miss Bedford, Miss Coulson and Miss Myers, Miss Crozier, Miss Fowler, Miss Halgood and Miss Shepherd, Miss Lightfoot and Miss Holder, Miss Mackintosh, the Misses Phillips, Mrs. Robertson, Miss Slade and Miss Gordon, together with Mrs. Frankau and Mrs. Stubb.

A meeting will be held on Friday, July 17th, at 132, Harley Street, W., for the election of members.

This Association should have a very useful future before it, and we hope it will receive the support not only of Metropolitan Superintendents but of ladies engaged in the care of the sick in home hospitals all over the country. It appears at a psychological moment for these ladies to co-operate, as united action will be needed in the near future, if the regulations to govern the London County Council Act, now before the Local Legislative Committee of the House of Commons, are to be of a useful and non-contentious nature. Professional women with professional and economic interests at stake cannot afford to stand as helpless individuals, whilst their affairs are being shaped by Acts of Parliament. With co-operation they can make terms. "Was! this seems a very hard lesson for women to learn, but with a little self-sacrifice upon the part of each, much may be done for the welfare and security of all. We wish the Association success.

The Paper on "The Need of Co-operation for Superintendents of Nursing Homes," read by Mrs. Stubb before the National Council of Trained Nurses at Birmingham, is now issued in pamphlet form, and can be obtained from her at 132, Harley Street, London, W.

**LEAGUE NEWS.**

**THE CITY OF WESTMINSTER INFIRMARY NURSES’ LEAGUE.**

The City of Westminster Infirmary (late Central London Sick Asylum) Nurses' League, held their Annual Garden-party, which was largely attended, on July 7th. After tea, which was served in the nurses' recreation room, presided over by Miss Elma Smith (the popular President) the members, accompanied by their friends, adjourned to the gardens to play tennis and croquet. Those of a more rural turn of mind elected to wander in Ealing Fields attached to the Infirmary. As there were two other garden fêtes close by in Hendon, they had the extra advantage of seeing a grand display of daylight fireworks and exhibition of flying machines.

It was with many regrets the members parted for their respective destinations when evening brought the meeting, which had been a great social success, to a close.

League meetings and social gatherings are invariably most enjoyable and friendly functions, greatly appreciated by the members.
USEFUL APPLIANCES.

Two useful accessories in a ward are those of which we give illustrations, the S. & S. Medicine Serving Tray, so called from the firm which supplies it, Messrs. Sharp & Smith, of Chicago, and the S. & S. Thermometer Tray.

The Medicine Tray is enamelled white, and is furnished with a nickel-plated rack which holds as many medicine glasses as the needs of the ward may require, and a large white enamelled water pitcher. The nurse can thus pass from bed to bed without needing to replenish glasses or water. The tray shown in this illustration has a serving capacity of thirty-one glasses.

The Thermometer Tray also provides for an individual thermometer for each patient, a refinement which must be greatly appreciated by patients. In addition the temperatures can be taken in a much shorter time.

A HOME OF REST.

Nurses and others who desire to enjoy the bracing air of the South East Coast during their holidays may be glad to know that Miss Isabel Jones and Miss Enery receive paying guests at Homeland, 1, York Road, West Cliff, Herne Bay, on moderate terms, offering every care and comfort. As both are fully trained nurses they understand the needs of nurses requiring a rest, and do their best to make them happy.

APPOINTMENTS.

MATRON.

Clare Hall Sanatorium, South Mimms, Barnet.—Miss Dagmar Wilkes has been appointed Matron. She received fever training at the Middlesborough Sanatorium, and general training at the Fulham Infirmary, Hammersmith. She has held the positions of Staff Nurse at the Astley Sanatorium, and the Throat Hospital, Golden Square, London; of Night Sister at the Warburton Infirmary, and of Matron at the Ashton under Lyne Borough Isolation Hospital, and Hartshill Joint Smallpox Hospital.

Park Hospital, Rither Green, Lewisham.—Miss J. H. Balsillie has been appointed Matron. She was trained at the Royal Infirmary, Edinburgh, and at the Evelina Hospital, London. She was also Home Sister for nearly three years, and Second Assistant Matron for two years, at Queen Mary's Hospital for Children, Crouch End, and is at present Matron at the Downs Sanatorium. She is thus transferred from the infectious hospitals to the children's hospital service under the Metropolitan Asylums Board.

Isolation Hospital, Tunbridge Wells.—Miss J. McKinnon Smith has been appointed Matron. She was trained at the Royal Infirmary, Edinburgh, and has been Sister and Night Superintendent at Leith Fever Hospital and Sister at the Leith Hospital.

ASSISTANT MATRON.

St. George's Hospital, Hyde Park Corner, S.W.—Miss Babtie who is at present Assistant Lady Superintendent at the Royal Sea Bathing Hospital, Margate, has been appointed Assistant Matron. She was trained at St. George's Hospital, where she subsequently held the position of Sister and Night Superintendent.

Chelsea Hospital for Women, Fulham Road, S.W.—Miss Nora Graham has been appointed Assistant Matron. She was trained at the Royal Infirmary, Dundee, where she subsequently held the position of Sister of a gynaecological ward. She has been Sister of a surgical ward at the Royal Hospital for Sick Children, Edinburgh, and Night Superintendent at Charing Cross Hospital from August, 1913, to the present date.

Alexandra Hospital for Children with Hip Disease, Queen Square, Bloomsbury.—Miss Florence Tawn has been appointed Assistant Matron. She was trained at Charing Cross Hospital, W.C., and has held the positions of Sister at the Chelmsford General Hospital, Night Sister at the West Sussex County Hospital, Hastings, and Night Sister at the Chesterfield and North Derbyshire Hospital, Chesterfield. She is a certified midwife.

ASSISTANT LADY SUPERINTENDENT

Royal Sea Bathing Hospital, Margate.—Miss Jeans has been appointed Assistant Lady Superintendent. She at present holds the position of Sister at St. George's Hospital, S.W.

Worcester City and County Nursing Association, Worcester.—Miss Deborah Anne Ladbroke has
been appointed Assistant Superintendent. She was trained for three years in general nursing at the Royal Infirmary, Edinburgh, and in fever nursing at the City Hospital, Colinton. She has held the position of Queen’s Nurse in Edinburgh, Aberdeen and North Wales, and been Assistant Superintendent of the Derby County Nursing Association. She is a certified midwife.

**NIGHT SISTER.**

Borough Hospital, Birkenhead—Miss G. Eckstein has been appointed Night Sister. She was trained at the St. Marylebone Infirmary, London, and has held the position of Ward Sister and Theatre Sister in the same institution.

**SISTER.**

Northern Hospital, Winchmore Hill.—Miss Adrienne Hilda Josephine Lofstedt has been appointed Sister of a Tubercular Pavilion. She was trained at Addenbrooke’s Hospital, Cambridge. Previous positions: Stamford Infirmary, Sister in Charge; Throat Hospital, Golden Square, W., Out-Patient Sister; Durham County Sanatorium, Sister.

Miss May Gordon has been appointed Sister of a Tubercular Pavilion. She was trained at the Royal Hospital, Sheffield. Previous positions: Royal Brompton and West Hants Hospital, Bournemouth Staff Nurse in Charge; Fir Vale Infirmary, Sheffield, Sister.

Royal Victoria Infirmary, Newcastle-upon-Tyne,—Miss Elizabeth Gallant has been appointed Sister. She was trained at the Royal Infirmary, Aberdeen, where she subsequently had charge of the Electrical Department.

**QUEEN ALEXANDRA’S MILITARY NURSING SERVICE FOR INDIA.**

The following lady has been appointed Nursing Sister:—Miss E. G. Horst (March 20th).

**TERRITORIAL FORCE NURSING SERVICE.**

Miss A. C. Glover, Principal Matron, resigns her appointment (June 10th).

**QUEEN VICTORIA’S JUBILEE INSTITUTE.**

Superintendent.

Miss Isabel Upton is appointed to Taunton as Superintendent. Miss Upton received her general training at St. Bartholomew’s Hospital, her midwifery training at Plaistow, and has since held appointments under the Institute, including that of Assistant County Superintendent for Devonshire.

**TRANSFERS AND APPOINTMENTS.**

Miss Josephine Gill is appointed to Burnley as Senior Nurse; Miss Rosina Bundell, to Sheerness, as Senior Nurse; Miss Gertrude Lawton, to Newton Heath, as Senior Nurse; Miss Alice Ireland, to Gloucester; Miss Charlotte Wray, to Harefield.

**PRESENTATION.**

Miss Eyre and Miss Thaxter who have worked as nurses in connection with the Newton Heath and District Nursing Association since 1913 have each been presented, on leaving the district, with a gold bracelet and the sum of £20 17s. 6d. each by friends and supporters of the Association.

**NURSING ECHOES.**

Mr. J. S. Wood, the organizer of the Children’s Salon in connection with the Gentlewoman, has received a letter from the Queen, in which she tells him she is deeply touched by the kindly thought which prompted the members to send kind congratulations on the 21st anniversary of Her Majesty’s marriage. The Queen wishes the Children’s Salon continued success in the excellent work in which it is engaged, and is glad to know that two of the hospital cots which they have endowed are named after the Prince of Wales and the Princess Mary.

As a result of the resolution passed at the Nursing Conference held in London last April, in connection with the Annual Exhibition organized by Mr. Ernest Schofield, the Advisory Sub-Committee of the British Red Cross Society consented to receive a deputation of trained nurses on July 8th. The deputation was introduced by Miss F. E. Latham (who nursed during the Balkan War). Miss Latham drew attention to the differences in the standard of examinations held by various doctors, and to the lack of discipline in some counties. The latter, she thought, might be remedied by having local committees. She recommended that whenever possible the nursing lectures should be given by a trained nurse, and that a small sub-committee of nurses be formed to work under the Advisory Sub-Committee of the Society.

Miss Böge (Shoreditch D.N.A.) criticised the Nursing Manual written by Mr. Cantlie, pointing out that some of the teaching was quite unsuitable for lay people. She also urged that trained nurses acting as lady superintendents to V.A. Detachments should wear their own nursing uniform. Miss Jacobs (Superintendent Kent C.N. Association) supported the views as to the Manual, and urged that nurses holding a sanitary certificate or trained as inspectors of nuisances should be eligible to give the lectures on sanitation and hygiene. Miss Hilda Sewart (Taunton), speaking in the name of many nurses, pleaded for a simplified syllabus, as the present course could not possibly be mastered in one year. To meet the difficulty of obtaining uniformity of work and sustained interest, she suggested that a scheme of work for the regulation number of practices be drawn up and issued annually from headquarters. She also hoped the written and oral examinations would be held on separate days, and the questions sent.
down from headquarters. Finally, she urged the appointment of a sub-committee of nurses to help in the work that would be caused if these changes were made. Mrs. Olive (Oxford) supported the views of the other speakers, and in the unavoidable absence of the fifth member, Miss Lilley (Matron North Devon Hospital), her views were read by Miss Stewart. Miss Lilley urged that the lectures and examinations in nursing should be given by certificated nurses with experience in teaching and examining. Medical men had little knowledge of nursing. She suggested also that no examination should be held by a person living within a certain radius of the centre, as personal considerations would come in; that the fee should be the same for men or women; that the examinations should be graduated into first, second, and third year, and the proficiency medal be abolished. Miss Lilley then sketched a scheme for the three years' training.

A kind "Nannie," to whom a very precocious little boy of four was devoted, was blamed one day by her master, when the child astonished us by the astute remark, "Blaming it on to Eve again," a remark which has, of course, in that household remained a proverb into this day.

"Blaming it on to Eve" is often the unjust result of a hospital mistake, and we note in an action brought in the Bloomsbury County Court last week by a young woman, for burning and disfigurement of her face by an anaesthetist—who, when she was approaching a state of collapse, reached round to a cupboard behind him for a smelling-salts bottle, which, without further inspection, he applied to her nose, and burnt her face with the acid it contained—that medical witnesses stated it was the duty of the nurse to take the bottle back to the skin department to which it belonged. We do not wish to exonerate the nurse for failing to do so, but we do protest against her being held responsible for carelessness upon the part of "Adam." It was a very unfortunate accident, and only proves how careful both doctors and nurses should be in handling and administering drugs. The poor patient is receiving treatment which it is hoped may diminish the disfigurement.

There is no department of a hospital in which a competent Matron takes a greater or more legitimate pride than the linen store. The replenishing of this store is always a pleasure—always a source of anxiety—because aspirations and possibilities limited by means (or the want of them) are so at variance. So when good fairies in the form of a Ladies' Linen League come along no wonder the Matron rejoices. This is signal the case at the West Herts Hospital, Hemel Hempstead, where the Linen League has now completed two years of existence, and at its annual meeting Mrs. Hext, who presided, was able to announce that the money had come in to a larger degree. Perhaps the greatest labour of love came from those who had a great deal of work to do in their own homes and had not much money to give, but gave their time and industry. During the past year £73 15s. was raised, and 910 articles collected. All the pillows have been cleaned and remade, and 24 feather pillows have been obtained, as well as two water-beds and a supply of waterproof sheeting.

Mr. T. Norton Longman, on behalf of the Governors, received the gift, warmly thanking Mrs. Hext, and speaking in high terms of the work of the nurses, and of their splendid leader (Miss Sempill), a Matron so patient, kind, considerate, so firm and yet so gentle, so invaluable at an operation.

Dr. F. C. Fisher spoke of the many needs of the hospital, including the overhauling and making of mattresses, of waterproof sheeting, and of extra blankets for the Shelters.

We republish a report from the Barnet Press of a recent meeting of the Barnet Board of Guardians. It throws strong light on the hopeless inadequacy of trained nursing, now procurable for the poor in many Poor Law institutions.

When the question of the difficulty of obtaining the services of nurses was under consideration, a suggestion was made that male nurses should be employed.—Mr. Clayton said that he thought the engagement of male nurses would be a good idea.—Mr. Hackforth Jones said that there was no accommodation for male nurses, and that if male nurses were engaged, complications would ensue.—Mr. Horgan said that men were not particular where they slept. A barracks was good enough for them. He suggested that the Guardians should engage male nurses for the male wards.—Miss Hawkins asked if it was proposed to have a male superintendent nurse.—Mr. Horgan said that male nurses were accustomed to work under the instruction of female superintendents.—Mr. Shipley said that he would like to know what the men would be paid.—Mr. Horgan said that he could get that information.—On the suggestion of Mr. Lucas, the matter was referred to the house committee for report.—Asked if the temporary nurses
engaged from time to time were all certificated, the Master replied that they all said they were, and that they seemed to resent the suggestion that they should produce certificates.—Mr. Joslin said that if the Master asked for certificates, it looked like questioning their honour. —The Chairman said that it was no more questioning the honour of nurses to ask for certificates than it was questioning the honour of applicants for other appointments to ask the applicants to produce original testimonials.—The Master said that he had no doubt that the majority of temporary nurses engaged were fully qualified.—Miss Hawkins said that the Master might be deceived.—The Master said that he did not remember a nurse who had been engaged who had not been satisfactory.—A motion that in future the Master should require temporary nurses to produce a three years' certificate was lost. There voted:—For, 9; against, 10.

The Barnet Board of Guardians would employ trained women nurses if they could get them. In spite of the Master's courtesy, it is sadly true that many private nurses sent out by institutions neither possess certificates of training, nor deserve them.

At the annual meeting of the Blackburn District Nursing Association, last week, the Vicar, the Rev. T. R. Sale, suggested that more use might be made of the first-hand evidence of nurses in the work of social betterment. If they wanted facts about the housing of the people, district nurses could supply facts which would be of the greatest value.

STATE HELP FOR NURSING.

Miss Margaret Llewellyn-Davies, in an admirable letter to the Times on the subject of Health Services and Public Authorities, points out that in his Budget speech Mr. Lloyd George has recognized the need for State help for nursing and maternity. The question is, she says, still undecided whether the nursing grant should be made to the public health authorities or to insurance committees, and claims that the arguments are overwhelmingly in favour of the public health authority.

She then proceeds to argue that nursing is needed by the whole working class population, and should not be confined to a particular section. To restrict nursing to insured persons is to put a premium on women going out to work. Also all facilities for scientific diagnosis of disease should be controlled by public health authorities in the interests of all.

We have depended too long on philanthropy for both nursing and hospitals, with the result that there are large gaps in the provision of both, and that the training and payment of nurses is inadequate. Another drawback is the charitable character that has been imprinted on these health services. If the grant were given to insurance committees, it is very probable this characteristic would be continued, by handing the money over to district nursing associations. She quotes a woman member of an insurance committee who writes to her:—

"There is a big danger, I think, of its being administered as a charity. I believe these nursing associations are doing valuable work, but they ought to be public concerns, and not run by a voluntary committee of benevolent or patronizingly-disposed persons as many are at present." The same writer says that approved societies' representatives seem to think that there are no people in the world except insured ones, and others want to be kind to the poor, and cannot realize that the workers can think and do things for themselves.

Miss Llewellyn-Davies contends that public pressure can more easily be brought to bear on public health authorities which are democratically elected, than on insurance committees, in whose appointment people of the locality have no voice. Also, that until existing nursing associations are gradually absorbed in a national health service, it might well be a condition that where State money is used, there should be a three years' training and a minimum wage sufficiently high to allow of provision for old age, and for the disablement not uncommon in so hard a profession.

She is of opinion that the only argument which has any weight in favour of the insurance committees administering the nursing grant is that women are on these committees. But the necessity of securing the grant for all outweighs this argument. The way to meet it is to remove at once the barriers which prevent women sitting on town and county councils.

She concludes by claiming that public health authorities should also be the bodies for controlling all developments in connection with maternity. Their work in this direction has already begun, and in addition to the promised grants towards public health officers' salaries, a definite grant for the establishment and work of maternity centres is of urgent necessity on the grounds of humanity and national health.

We warmly endorse Miss Llewellyn-Davies' claim that if State funds are used in financing a Nursing Service the quality of the nursing should be standardized.
THE HOSPITAL WORLD.

THE INFIRMARY, DUDLEY ROAD, BIRMINGHAM.

Probably one of the best known Poor Law Infirmaries in the kingdom is that at Dudley Road, Birmingham, where for so many years Miss A. C. Gibson was Matron, and which, when built some twenty years ago, was a model of its kind. The present Matron is Miss Thomas, whose portrait we have the pleasure of presenting on this page. She was trained at the London Hospital, E., afterwards acting as Matron's Assistant; from there she obtained the Matronship of the hospital at Northallerton, which she held until her appointment as Matron of the Birmingham Infirmary.

Within the Infirmary walls are a community of patients and staff of 1,500 persons, larger than many villages, and indeed few villages boast a street a quarter of a mile long, which is the length of the central corridor of the Infirmary. From this corridor the wards open out on either side, but in no case are they opposite one another, an arrangement which makes the supervision of two wards by one Sister impossible.

The wards are very bright and airy, with windows on either side, and a bed between every two windows. The children's ward seems to be a haven of refuge for the small people who live there, and the change must be indeed great when they return to their homes in the Birmingham slums, and the city can produce slums as bad, or worse, than any to be found in London. Some of the children had been rescued by the National Society for the Prevention of Cruelty to Children, and one poor mite bore marks of terrible ill-usage. She had been in the Infirmary for over a year, and still had great scars on her right arm which will probably never be obliterated. The arm had been broken in several places by the child's mother, and had been so badly injured that several operations were necessary. The experience must have been a terrible one for a comparative baby. Now she seems quite happy, and evidently a great pet in the ward.

A visit to the great kitchen shows cooking operations proceeding briskly on a gigantic scale—great cauldrons of soup, and the milk puddings cooking for the mid-day dinner. No ovens are large enough to bake all the puddings required, but the thick creamy tatties slowly simmering by the gallon, looked most tempting and nutritious. Evidently the milk used in making it was of the highest quality. The Infirmary has its own laundry, the rebuilding of which is at present contemplated. The operating theatre is well appointed, well lighted, and a considerable number of major operations are performed in the course of the year.

The Nurses' Home, which is approached from the extreme end of the central corridor, is cheerful and comfortable, and each nurse has a separate bedroom, but a number of the nurses prefer to sleep in the open, which they are allowed to do provided they supply their own bedding. It will be realized from our illustration of the croquet lawn, which the Nurses' Home adjoins, that there is ample space in which they can indulge their passion for fresh air.

We gave recently some account of the Maternity wards, one of the most charming departments of the Infirmary.

The Infirmary is an excellent training school, and many of its pupils are carrying on the good traditions learnt there in other Infirmary wards in the various parts of the kingdom to the great benefit of the patients.

The duties of each grade are clearly defined, and it may be remarked in passing that the Infirmary seems singularly fortunate in its Sisters, who struck the casual visitor as of a

MISS MARION THOMAS,
MATRON, BIRMINGHAM INFIRMARY.
type above the ordinary, capable, courteous, and well disciplined. Their duties are onerous. Each Sister is allowed a half day off duty weekly from 2.30 to 10 p.m., when it does not interfere with her work, or the probationers' classes. Special leave has to be asked each time for this privilege, and two Sisters may not leave the same pavilion the same evening.

During the Birmingham Nursing Conference Miss Thomas entertained three of the members in the kindest manner—Miss A. Smith, Matron of the Kingston Infirmary; Sister Barber; and Miss Holford, Matron of the Surrey Nursing Home, Surbiton—who greatly appreciated the hospitality so charmingly extended to them.

**MEDALS FOR NURSES.**

The Board of Management of the Royal Hospital for Incurables, Putney Heath, have decided to present bronze and silver long-service medals to the members of the nursing staff.

**SPEEDING THE PARTING GUEST.**

Dr. John Brownlee, Physician-Superintendent of the Ruchill Hospital, Glasgow, and President of the Fever Nurses' Association, has been appointed Statistician to the Medical Research Committee under the Insurance Act Commission, and was recently entertained in Glasgow upon resigning his position—after fourteen years' work, between Ruchill and Belvidere Fever Hospitals— for London where his future work will be.

**REFLECTIONS FROM A BOARD ROOM MIRROR.**

The King and Queen had a great reception in Scotland, and were greatly pleased with it. In the message sent through the Secretary for Scotland to Provost Stevenson, of Glasgow, it was stated His Majesty was deeply interested by his visits to the fine new buildings of the Royal Infirmary and of the Royal Hospital for Sick Children, and to the Western Infirmary, in which are to be found the most recent examples of the application of science to surgery as well as the completeness and most modern medical equipment, and which are proofs of the munificent charity of the citizens of Glasgow.

During the visit to Perth the fine New Royal Infirmary came in for a visit, and Miss Bowhill, the Matron, was amongst those who had the honour of being presented.

Lord and Lady Newlands have, in commemoration of their Majesties' visit to Maudslie Castle, intimated that they will give £25,000 to Glasgow Western Infirmary to complete the endowment of the Lady Hozier Convalescent Home at Lanark, which was founded by the late Lord Newlands, then Sir William Hozier, in memory of his wife.

In connection with the South London Hospital for Women a Teachers' League was formed a year ago, primarily to help the hospital and to endow beds for those following the educational profession. The League is keenly taken up by teachers all over the country, and is managed by a committee.
of ladies engaged in the teaching profession. In aid of the hospital the Teachers’ League organised a pastoral fete, which was held on Saturday at Warrigal, Dulwich Village, and was largely and influentially attended. The opening ceremony was performed by Muriel Viscountess Helmsley, and Miss Chadburn, the surgeon of the hospital, presided. The fete had many attractive features and was a thorough success.

At a very successful garden party given at Kingston House, Clapham, in aid of the South London Hospital for Women it was reported that Lord Kitchener had given a striking tribute to the work done in Egypt by women doctors, who had gone out there and trained the native women in matters affecting diseases of women and children. He had said that it was quite impossible to give an adequate idea of the work done in a year alone. “The best thing I can say,” he added, “is that they saved the lives of 5,000 little babies.” The Bishop of Kingston said that the wonderful genius shown by women in regard to medicine should be applied to the case of their sisters in suffering.

NATIONAL UNION OF TRAINED NURSES.

The Liverpool Branch held its first meeting at “Ascott,” Aligdour, on Thursday, the 6th, by the invitation of Mr. and Mrs. Rowe. The members were received in the garden by Miss Rowe and the President (Miss Jolley, Matron of the Royal Southern Hospital) and after tea all gathered in the drawing-room, where Miss Hyson delivered an interesting and inspiring address on rescue work.

The President, opening the meeting with words of welcome, spoke of how the National Union of Trained Nurses was rapidly finding its way into many of our largest and most important cities, and members of every branch testified to its helpfulness. Its watchword was “Progress and Co-operation,” or rather “Co-operation and Progress,” for without co-operation progress was impossible, and in these days it was imperative to band together for the success of our work and the good of the community. She begged those present to emphatically deny various erroneous impressions that were afloat, among others, that this was of the nature of a trades union. Trades unions aimed only at bettering the conditions of the workers whereas the members of the National Union of Trained Nurses aimed at making themselves better fitted for their work. It must also be clearly understood that the National Union of Trained Nurses was entirely unsectarian and unpolitical. A short time ago it was stated in a paper that some opposed the National Union of Trained Nurses on the supposition that it was simply a union to further the ideas of those wishing to advocate State Registration. This mistaken idea had, no doubt, arisen from the fact that State Registration, being one of the great questions of the day, had been discussed by many of the branches. The committee of the Liverpool Branch (fifteen in number) was composed of quite three-quarters either anti-registrationists or undecided, but broad-minded people, and, as in other places, they would from time to time discuss both sides of all questions concerning the interests of the nursing profession. The most opposed admitted State Registration was bound to come, and it had been suggested after the Bill passed its second reading the National Union of Trained Nurses should be prepared to draft amendments to it. The National Union of Trained Nurses was absolutely non-party, its aim being to promote efficiency and to keep up ideals. In Liverpool there was every encouragement to put their best into their work, for the kindness and generosity of many influential people in and around Liverpool had been manifest of late by the ready and sympathetic response to appeals for funds to start a nurses’ club, with reading room and library, £700 out of the £1,000 required having already been collected, and it was hoped to be able to open in October.

Mr. and Mrs. Rowe were warmly thanked for their kind hospitality.

TRUE CO-OPERATION.

Trained nurses who wish to see the nursing Profession placed by an Act of Parliament upon a sound educational basis, and who wish to help to maintain high standards of conduct in its ranks, should join the Society for State Registration of Trained Nurses. There is no ambiguity about its policy. It stands firmly for sound legal organisation of the nursing profession by Act of Parliament, and we think that each nurse who desires the benefits such legislation will alone procure, should come out and do her share of the hard work, and practice the self-denial financial support entails. To realise that State Registration is bound to come and yet to stand aside whilst others work, is by no means a commendable policy for any self-respecting body of women workers. To all nurses our advice is don’t shirk. Carping criticism of the successful work of your colleagues is a poor substitute for their honest endeavour. To stand aside whilst others do their public duty, and reap where others have sown, cannot be claimed as the mainspring of either the ideals or practice of that great protagonist Florence Nightingale, or of her disciple Agnes Jones.

As the National Union of Trained Nurses has never at any time done anything to promote State Registration, the statement that it was formed for the purpose was evidently a purposely misleading statement of the anti-registration press.

But we are pleased to note that wherever members of the Union meet together to consider this question, of such vital importance to the welfare of the profession, they are convinced of its necessity, and support it as they did at Leeds and Bath.
HARRIET.

INCIDENTS IN A NURSE'S LIFE.

One hears a great deal from time to time of the humour of the district, and it is well that amid all the paths and sufferings daily encountered one occasionally has a gleam of humour to lighten it. I venture to wonder whether any of my fellow-workers have ever in their experience encountered such an exceedingly unique trio as Harriet and her charges.

I will try to describe them, and to reproduce as far as possible the little comedy daily enacted, and which on Christmas morning seemed to take on additional humour. I have frequently thought that the heart of Dickens would have delighted in it, and his pen doubtless would have immortalized it. I hope my poor efforts to portray it will not be entirely without success.

Imagine first the patient (not much comedy about him, poor fellow), a helpless paralytic of ninety, bereft of intellect, but having freely the power to shriek and yell curses whenever disturbed. Imagine his wife, an enormously fat old woman almost his age, with an ancient mob cap perched on her head, and sitting in a large chair by the fire, seemingly deeply interested in a paper which, by the way, is upside down.

As the nurse enters the paper is laid aside, and Mrs. Y., in a very deep voice enquires:

"Seen Harriet, my dear?"

Nurse shakes her head, as the old lady is very deaf. The next moment, with a startling change from her usual deep tones, there is a shrill cry of "Harriet!" the "et" terminating in a high falsetto.

(If the nurse is accustomed to it she stands the shock, but if she happens to be "relieving" she is rather apt to drop something.)

There is a noise of heavy feet up the little passage, and a queer little dumpy figure, with a very round face and big simple blue eyes enters the room. Her hair is taken back severely, and done in a comical little knob at the back, and she wears a large check apron over her marvellously fitting dress. Harriet is the adopted daughter, and truly is a martyr to the wants of the two old people. She stands by pensively, now and then heaving a most tremendous sigh, while nurse begins to wash the patient. As he becomes noisy and abusive, Harriet helps to hold him, whimpering the while. Some cries and curses reaching even the ears of the deaf old woman, she calls out sternly in her shrill falsetto:

"Oh, you naughty boy! Harriet, get the stick! My word, if mummy has to come over to you!"

She quivers like a huge jelly, and the cap falling rakishly on one side makes her look like a grenadier.

Nurse manages to hide her amusement, and to prevent the aforesaid stick being used, Harriet not being at all averse to carrying out the old lady's command.

After much struggling and tugging, and many attempts on the part of the patient to bite and scratch, he is at last made comfortable, and he lies peering at nurse with his wicked little eyes, like a mischievous monkey.

Harriet by this time is out of breath, and has one of her headaches. She presents a truly woeful spectacle with one hand pressed against her forehead and the other supporting the back of her head.

"Ain't he just awful!" she ejaculates. "He's worse than he was when he was first took! My word. I wouldn't like to be a nurse—but then, you see, you never knows what you may come to!"

As Harriet leaves the room, Mrs. Y. hulmes among the voluminous folds of her dress, and cautiously taking half-a-crown from her purse, tries to slip it into nurse's hand.

"That's for yourself, my dear," she says in a piercing whisper, "for a Christmas box, and don't say nothing to Harriet. No? You won't have it? Then don't let her know as I offered it!" and the reading of the newspaper (still upside down) is resumed so diligently that the old lady's nose quite touches the print.

Harriet re-enters, and looks very suspiciously round, while nurse draws on her gloves.

"Don't you say nothing to 'er," says Harriet in a stage whisper, nodding vigorously at the old woman, "but the father giv' me a Christmas box this morning, he did. He giv' me a kiss! But don't you tell 'er. She'd only be jealous!"

This being almost too much even for nurse's gravity, she turns away for a moment, and pretends to refresh her bag. Then she turns round to the troublesome patient.

"Aren't you going to say 'Good morning,' Daddy?" she asks, as she reaches the door.

The wicked little eyes twinkle in her direction, he langhs a deep sounding "Ho-ho-ho," and the loose lips twist themselves into shape, as he cries viciously: "Good rid! Ho-ho-ho!"

P. M. BARTON.

ROYAL COMMISSION ON VENEREAL DISEASES.

Professor Blaschko of the German Society for Combatting Venereal Diseases, told the Commission he was convinced that the Society had thoroughly changed public opinion on venereal diseases. The whole press, as well as the general public, were in sympathy with the movement and supported it.

At the forty-third meeting evidence was given by Dr. J. J. Pringle, Physician in charge of the skin department of Middlesex Hospital, and President of the Dermatological section of the Royal Society of Medicine.

Dr. Pringle stated that of 36,151 cases of skin diseases dealt with in the out-patients department of the Middlesex Hospital during the last twenty-five years, 1,833, or rather over 5 per cent presented indubitable evidence of syphilis. This
figure did not represent the number of patients who had attended the hospital for syphilitic manifestations but only those who had been referred to the special department as suffering from some affection of the skin. Of the 1,853 cases of syphilis 925 were males and 928 females. Dr. Pringle thought that this apparent equality of incidence in the two sexes was due to the fact that men do not willingly attend hospitals during working hours, except for diseases which in their opinion threaten life or cause grave discomfort or pain. On the other hand anything causing disfigurement impelled women to seek medical advice.

Of the 1,853 cases of syphilis already mentioned nearly 21 per cent. were foreigners.

Dr. Pringle stated that he could not see his way to supporting or advocating any measure of compulsory notification of venereal diseases. The medical profession was, he thought, practically unanimously opposed to it, and even if it made a dent, its effects upon the public would be to merely drive them to seek treatment from unqualified persons.

His experience both in hospital and private practice convinced him that much of the syphilis existing in England was of foreign importation. He believed that a considerable number of prostitutes left their own countries because they were unable to ply their trade there, and came over to England and spread the disease in this country. It was important that this matter should be further investigated and that steps should be taken to deal with it.

**£1,500 DAMAGES FOR A NURSE.**

A special jury in Mr. Justice Baillie's Court, in the King's Bench Division, awarded £1,500 damages to Mrs. Beatrice Mary South, a professional nurse, of The Avenue, West Ealing, against Messrs. W. & G. Du Cros, Ltd., motor-car and van proprietors, of Acton. Mrs. South, who is the widow of a stockbroker, was attempting to get to a tramcar when she was knocked down and run over by a motor delivery van, driven by a servant of the defendants on the wrong side of the tram. Her left thigh was fractured, and, Counsel said, there was no hope of the fracture ever being united. She might lose her leg.

**EUCRYL.**

We do not doubt that those nurses who, at various exhibitions, have been invited by "Eucryl" (91-93, Lant Street, Southwark, S.E.) to secure free samples, have been delighted with this preparation. Incorporated in an antiseptic toilet soap, tooth powder, tooth paste, ointment, or in one's bath, it is most refreshing, and we have great pleasure in directing the attention of our readers to its value. "Eucryl" possesses the great advantage of not scratching the enamel of the teeth. Further, it purifies the mouth and neutralizes that acidity which is so destructive to them.

**OUTSIDE THE GATES.**

**WOMEN.**

About 120 members of the Society of Women Journalists enjoyed a most interesting "At Home," at Johnson House, Gough Square, E.C., on Saturday last, by the kindness of Mr. Cecil Harmsworth, M.P. The President, Miss Billington, received a very gay company of guests. This charming old house, now put into repair and decorated in eighteenth century style, was a delightful place for the gathering, and tea was arranged in the "Dictionary Attic," in which Dr. Johnson carried out his monumental work. The "co-operative" tea was a great success, one member giving the tea, another cream, or fruit, flowers, sandwiches, or lovely cakes of every description.

In moving a vote of thanks for the loan of the house, the President said Dr. Johnson was one of the first to recognise women journalists, and they could claim a special association with his work in Gough Square. For it was whilst living there that Johnson launched the "Rambler," of which 208 numbers appeared. Three issues were entrusted by him to women, namely, No. 39, by Mrs. Catherine Talbot, and Nos. 44 and 100, by Mrs. Elizabeth Carter. Admission to this historic house is now free, and we learn that the furniture of the period, articles specially associated with the Sage of Fleet Street, are being carefully collected, so that by and by the interior will contain many links with days which are no more.

At the meeting of the Representative Church Council, held at the Church House under the presidency of the Archbishops of Canterbury and York, it was decided to give women the right to vote for and to sit in parochial church councils, but refused them admission to Diocesan Conferences. The opinions on these questions by the bishops, deans, and others were very illuminating.

The Dean of Canterbury was opposed to the granting of the franchise to women. A previous speaker had quoted Pericles as saying, "The less said about women the better." What Pericles had said was, "The less women say the better." He (the Dean) confessed that in public affairs he was entirely of Pericles's opinion.

The International Suffrage Alliance have had a busy time in London, Mrs. Chapman Catt, and Dr. Aletta Jacobs, who have been travelling round the world, studying the Suffrage question, came full of interesting knowledge. In China, where women helped the revolution and were promised the vote, there had been a great smashing of windows, the Chinese militants excusing themselves with the remark, "You all do it in Europe." The promised vote had been very sparingly awarded, and there had been extensive mortality among the ladies who led the movement!
BOOK OF THE WEEK.

"WIND ON THE HEATH."

Weird is the adjective to apply to this book. A strange tale it tells—of Nature wrestling with Love, and Love triumphant. Truly a strange career Tristram Chase runs through, in the ten years or thereabouts that we are permitted his acquaintance.

We meet him first as a young clerk, paying no heed to his papers, but sitting with elbows on the table and head between hands. There lay before him the photograph of a girl—curly hair, uncertain smile—and there sounded in his ears the whisper of the wind through trees. Mr. Chase, staring at the photograph, sees neither curls nor wavering smile—sees nothing, in fact, but the short, springing grass of the downland; hears nothing except the sound of the wind in the trees, which in Herefar Street, S.W., is manifestly absurd.

Romney blood was in his veins, and it was obvious that the office could not hold him. The girl in the photograph had nothing to do with the story; she was probably an incident common to youth. But there were others who played an important part in his life.

By the will of an eccentric father he could not inherit his two thousand a year till he was thirty-five, and it was also a condition that he remained unmarried till then. From a dusty old Jew he learned the secret of bird calling with a flute; from a gipsy poacher he learned to hypnotise trout in the cool streams, which craft he practised for its fascination more than its material advantages.

Meeting some gipsy ancestors, he caravans in their company, and succumbs entirely to the lure of open skies and sweet heather.

"With the caravan vanishes all traces of the City clerk. Chase is frankly of the open road—brown, lean, clad in sweater and camel trousers—he is a wanderer, one of the alien race. Allen or not, Mr. Chase found much pleasure in the yellow caravan."

Jane Snagge was bent upon matrimony, but she rightly supposed that with a name like hers it would be hopeless to answer a matrimonial advertisement. Would Snagg look better? or perhaps unadorned Snag? It was quite a misleading name, for Jane was a pretty, alluring girl, who sickened of being governess in a dull country village to an uninteresting doctor's children. Her longing for romance and colour makes her dangerously susceptible to Chase, who comes across her path.

"He had been a loophole at first—nothing else. He had come now to fill her days and nights, her heart began to thud, her head to buzz at sight of him and sound of his steps. But Chase feels that close touch with Nature is incompatible with love, and it is mere pity for her that makes him tell her 'I love you, I love you!'

"If it was a lie, the lie was not for her sake alone. She was near and he was young.

"She stared at him. 'You can't marry. You're not thirty-five.'

"But she wanted "someone to call her 'Janie,' and 'care, I could care'; I could care horribly."

They were both generous in their love, for he would have forfeited his inheritance, and she would have none of the sacrifice. Their union was unstable and of short duration, and poor Janie took a short cut out of a world that had treated her most niggardly.

THE NUGLIY LITTLE MAN.

I 'tend that in the garden
Lives a nugly little man.
An' he always wants to catch me
If he can—if he can;
But I 'tend that I am quicker than the nugly little man.

I 'tend he sits an' watches
In the hedge as I go by,
And he pulls such nugly faces
'Cos he thinks he'll make me cry,
But I 'tend I always laugh at him, an' whistle goin' by.

By Marion St. John Adcock.

COMING EVENTS.

July 16th.—Society for State Registration of Trained Nurses. Annual Meeting. Medical Society's Rooms, 11, Chandos Street, Cavendish Square, London, W. 4 p.m. Tea after the meeting by kind invitation of Mrs. Walter Spencer at 2, Portland Place, London, W.

July 22nd.—Central Midwives’ Board. Penal Board, Caxton House, S.W. 2 p.m.

July 23rd.—Central Midwives’ Board. Monthly Meeting, Caxton House, S.W. 3.30 p.m.

August 5th.—Central Midwives’ Board: Next Written Examination in London. The oral examination follows a few days later.

WORD FOR THE WEEK.

"It has been truly said that 'we may work without any exterior reward, but we cannot work without some internal reward, even if it is only the spiritualisation pleasure of feeling that unpleasant duties have been conscientiously accomplished. The feeling of pleasure may have been given us by Providence to use for our own improvement, or it may have been evolved in the struggle for life as an accompaniment of these processes which make for the survival of the individual or the race.'"

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.

EXPRESS TRAINING.

To the Editor of The British Journal of Nursing.

Dear Madam,—I belong to the V.A.D.’s, and went to an infirmary for three weeks’ training, just to get an insight into ward nursing. Everyone was most kind to me, and I am bound to say there seemed plenty for an outsider, wishful to help, to do. For instance, the first day nurse took me round and showed me how to do dressings; and the next day, to my surprise, she told me to go to and do them all, as she was due at a lecture! I had learned bandaging so managed to get through. In another ward for eyes I was told to go and do all the dressings without her shown. This I dare not do, but after one lesson did them next day. Everyone was on her feet from seven in the morning nearly all day, and as I was energetic my help seemed of use. The patients seemed to like a new and cheerful person, and one disagreeable old fellow was quite pleasant with me. "Mother of a family, I know?" he enquired. "Quite true, Dandy," said I. "Can’t abide young gels—not half likely," he added. The nurses were only too pleased for me to deal with him. I think many more nurses are needed in infirmaries. I did my share of cleaning every day, and can quite feel for K. S. in her nursing was taken from her and done by a bird of passage.

Yours truly,

V. A. D.

To the Editor of The British Journal of Nursing.

Dear Madam.—I am glad to see a protest from a probationer re the Red Cross ladies in hospital wards.

I do not believe it is the wish of any Matron that they should be admitted into the wards. As a rule she realizes that all the experience obtainable is required to turn out her own nurses properly equipped. But what is she to do if the Honorary Staff and the hospital committee insist? And if these ladies are sent to the wards arrayed in caps and aprons what is the Sister to do? And if doctors will employ untrained and partly trained women as nurses in private work, what help is there for it? None, until State Registration becomes law. And the sooner every nurse realises this and helps, the sooner the evil will cease. We cannot expect well educated and suitable women to enter for training while we can offer them no security.

All women should be taught bedmaking and to attend on the sick and bedridden, but women in charge of busy wards should not be expected to give such teaching in addition to their important work of training probationers. In the probationers will suffer, as will the patient.

Yours truly

M. V. W.

We wonder if the Sisters get extra pay for training voluntary and workers. If not, why not? Ed.

WHY SHOULD SCOTTISH NURSES WAIT?

To the Editor of The British Journal of Nursing.

Dear Madam,—May I support the plea of "A Scottish Sister" that the unreasonable opposition of commercially managed nursing schools in England continues to State Registration. Scottish nurses should have their own bill. I see the Midwives’ Bill for Scotland has passed its second reading in the House of Commons without any of the contentious opposition to which the first Midwives’ Act was subjected in England for years. Why should the nursing profession be so unjustly discriminated against in England? Anyway, why should Scottish nurses wait?—I am, yours,

Highlander.

REPLIES TO CORRESPONDENTS.

Nurse-Companion.—We should advise you to get "Reading Aloud and Literary Appreciation," by Mr. Hardress O’Grady; it gives many tips on a gentle art which is too often neglected by nurses. It costs 2s. 6d.

Eugenie.—Some of the best-known training schools for children’s nurses are the Norland Institute, 10, Pembroke Square, London, W.; the Nursery Training School, at, 4, King Edward Road, Hackney, N.E., for girls of the industrial classes; and St. Mary’s Nursery College, Belsize Lane, Hampstead. The college is also a boarding-house for babies, who, are received as paying guests. At the Princess Christian College for Training Ladies as Children’s Nurses, 10, Wimmsley Road, Withington, Manchester, students are trained in all nursery work, practical and theoretical. There is also a Nursery Training College at 10, Beaumont Street, Liverpool, which offers a complete training as children’s nurses to educated gentlewomen.

International.—We thank you would enjoy "Under the Sky in California," by C. F. Saunders. It shows you all sorts of fine things—mountain, desert, cactus and flowery plain; you can go along with sportsmen, prospectors, cowboys and Indians—but by no means along the trodden path. We think you are wise to read up California before going there; it has a most picturesque history.

OUR PRIZE COMPETITIONS.

July 25th.—How may the course of pregnancy be affected when the mother suffers from syphilis? What are the effects upon the child, supposing it is born alive, when the mother suffers from (a) syphilis or (b) gonorrhoea?

August 1st.—Describe the nursing of a case of scarlet fever. What complications may occur, and how would you endeavour to guard against them?
"THE PROTECTION OF INFANTS AGAINST TUBERCULAR INFECTION."

(Abridged.)

By Clive Riviere, M.D., F.R.C.P.

The subject of our discussion, "The Protection of Infants against Tubercular Infection," seems to me like a mansion with many doorways—it is highly embarrassing to decide where to enter it, and it seems also somewhat uncertain at the outset where we shall emerge.

Perhaps we had better enter the subject with a reminder of the ubiquity of the tubercle bacillus among crowded communities.

Post-mortem and tuberculin tests alike show that but few living in towns remain uninfected with the tubercle bacillus after the age of fourteen years, and the proportion in country districts is not very much lower. Obviously infection cannot be avoided under modern conditions of life, and it might be asked why we should discuss here the protection of infants against tubercular infection which is sooner or later inevitable.

The answer to this must be that it makes all the difference in the world when and how the infection is first met—whether the organism is of the human or bovine variety, the pathway of infection, and whether the dosage—as regards virulence and quantity—is large or small. Here we are at once supplied with a series of important problems, none of which we can afford to neglect in a discussion such as this, and so I propose to take these points one by one and consider their bearing on our subject.

Incidence of Fatal Tuberculosis in Infancy.

At the outset let us convince ourselves of the dangers of tuberculosis in infancy, and this is but too readily done. If we study the Registrar-General's reports we find that the incidence of tuberculosis falls heaviest on children below the age of five years, that, indeed, there are many more deaths, per million living, in this five years than in any other age period of life.

The Age Factor.—How much of this susceptibility, it will be asked, is attributable to the influence of age, and this is a more difficult matter to decide than might appear at first sight. Practical experience of manifest tuberculous disease certainly teaches us that the younger the child the more serious the outlook.

The Virgin Soil Factor.—Even more important than age, however, in determining the peculiar susceptibility to tuberculosis in childhood is the fact that we are dealing with a primary as opposed to a super-infection.

We must, then, take into account two factors in the high mortality of infancy: the susceptibility of age, and the fact that the seed falls on virgin soil.

Human or Bovine.—We may now turn to a matter of great importance to the problem of tuberculosis prevention. It has been found that two varieties of the tubercle bacillus exist, the human type proper to man, and the bovine type proper to cattle, but undoubtedly able to infect humans. The former is certainly the more virulent to man, its own proper host, and is responsible for all forms of lung disease and most of the fatal tuberculosis of humans. The bovine bacillus is very virulent to cattle, but of low virulence to man, its activities being confined to the years of childhood, and mostly giving rise to mild and recoverable forms of disease in the abdominal viscera, or in the neck glands. Fatal generalized tuberculosis may occur, but is rare. Attempts to inoculate adults with the bovine tubercle bacillus have hitherto failed.

It may be said, then, that the human type of tubercle bacillus is that to be feared by man, the bovine bacillus being of but mild virulence to humans and only leading to disease, probably, when given in massive dosage and to young infants.

Pathway of Infection.—Closely associated with, indeed inseparable from, the consideration of human or bovine infection, is that of the pathway by which the germ enters; for bovine infection is of necessity alimentary, whereas the human type of bacillus is air-borne as dust or droplets, and may enter either the respiratory or alimentary tracts, or both. The importance of this is evidenced by the fact, well vouched for, that many hundred thousand times the dose is required for alimentary infection as suffices to cause disease through the respiratory apparatus.

Recapitulation.—At this stage it may be well to recapitulate some of our premises, so that
we can draw a few preliminary conclusions. We have found:—

(1) That infection with the tubercle bacillus is inevitable for those living in crowded communities.

(2) That a mild infection is protective against further disease, or at worst against acute and rapidly fatal forms of disease.

(3) That a primary infection is always dangerous, but that the younger the infant the more massive the infection, and the more virulent the type of organism, especially if airborne, the more serious is the outlook.

**Postponement of Infection.**—One conclusion to which these points lead us is that our children should be protected from infection till the latest possible moment. It has already been laid down for adults that a year of town life will inevitably infect, and that reinfection probably occurs at frequent intervals; but the more restricted and protected lives of infants make early infection less inevitable, and it is probable that with care its date can be considerably postponed.

**Tubercle Vaccination.**—But however well chosen the conditions of life, we know that the moment of primary infection must come, and the question has to be considered whether we shall risk infection by the dangerous human organism and through the more susceptible respiratory channel, or whether we shall take measures to voluntarily substitute alimentary infection with the comparatively innocuous bovine tubercle bacillus.

Dilution of the organisms in a well-mixed milk supply, such as many large dairy companies can provide, reduces the risk of gross infection to a minimum, and the matter may be still further elaborated by feeding only small quantities of unboiled milk at first, and postponing its administration till the more susceptible early months are past. I would contend that complete extermination of bovine tuberculosis is not to be wished for so long as the human tubercle bacillus is rife among us; and fortunately this is but little likely of accomplishment. Our goal should be a clean milk supply, and adequate inspection of small byres and of single cows; through these measures danger of massive bovine infection may be eliminated, and the use of raw milk be more safely and confidently recommended.

**Tuberculous Households.**—So much for the question of tubercle infection in general and apart from conditions of special risk. It is necessary to consider separately the conditions of children living in phthisical households where the danger of massive dosage with tubercle bacilli of human type comes into play.

There is no doubt that the youngest members of the family run the greatest risk in these households, even apart from their special susceptibility. Not only are they fondled, nursed, and hence in more intimate contact with adult members of the household, but their proximity to the floor and its dust places them in particular danger. Roepke, exposing sterile slides in a room where the washing from a tuberculosis sanatorium was sorted, found that tubercle bacilli could not be demonstrated at a height of 1 to 1½ metres above the ground, but virulent ones were collected from below this level, and the nearer the ground the greater the results to animal experiment. Obviously this is a point of particular importance in considering the risks to young children in a phthisical household. For such children the trap seems baited by nature with almost fiendish ingenuity. Not only are they at the most susceptible age, and unprotected by former acquaintance with the tubercle bacillus; not only is the bacillus airborne and of the deadly human variety; not only does their dependent position bring them into closer contact with adults, and fix them more constantly to their dangerous surroundings, but in addition their very size, their helplessness, their mode of progression, hold them always in the zone of danger close to the dust of the floor.

I may remark that no amount of care can eliminate droplet infection during cough, and there can be no real protection for young infants in near relation to a case of active phthisis. I would put it to you for your consideration whether such infants should not be removed as soon as possible to safer surroundings. (In the case of adults, already infected, and immune, the author considers the danger of proximity to a consumptive very small.)

**Conclusions.**

And now, having stirred up many controversial points, any of which may form the basis of your attack, I would put forward for your particular notice two propositions already belaboured somewhat in this short paper.

The **first** is the question of whether the bovine bacillus is not at the present time doing useful work in protecting the community against the more virulent human variety of tubercle bacillus, the cause of phthisis, and of most fatal forms of tuberculosis. In this connection I would point out to you that in Edinburgh, where bovine infection is very common, the phthisis mortality is only one-third that of Vienna, where bovine disease is rare. Indeed, a similar high incidence of bovine infection and
low phthisis mortality may be claimed for Great Britain as a whole in comparison with other civilized countries in Europe. Those who look askance at raw cow's milk, qua tuberculosi, seem to me to ignore the Charybdis of infection with the human tubercle bacillus into which their victims must inevitably drift, for there is no escaping one or other among civilized communities, and for a first infection the bovine bacillus is incomparably the least dangerous. I would, then, put it to you whether we should not take measures to secure a mild bovine infection instead of leaving our children to risk a first encounter with the infinitely more virulent human organism.

My second proposition has already been stated, and is this: That no amount of precaution will protect young infants in tuberculosis households, and that they should be removed as soon as possible from such dangerous surroundings.

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THE SUPERVISION OF LYING-IN HOMES.

The question of the supervision and control of Lying-in Homes has been the subject of investigation by the Local Legislative Committee of the House of Commons during the consideration of the London County Council (General Powers) Bill. Mr. Clode, K.C., who appeared for the Council, said that the proprietor of four or five of these homes was also the keeper of a disorderly house, and that inducements were offered the women to lead an immoral life. Also, some of the homes were in a most unsatisfactory condition, healthy patients associating with tuberculous ones, and healthy children with those who were unhealthy.

Mrs. James Gow said there was a crying need—of which her extensive experience of rescue and preventive work had convinced her—for the supervision of these homes, and it had become more urgent since the passing of the National Insurance Act.

Dr. Hamar, Medical Officer of Health for the County of London, stated that it was specially desired to control a certain class of house known as a "nursing home," kept by women who were certified midwives, but who had not given notice of their intention to practice. These homes were often conducted with great secrecy, exorbitant fees were often charged, and children were adopted and sent out of London so that it was impossible to trace them.

Miss Rosalind Paget advocated inspection by officers of the London County Council rather than of the Borough Councils, emphasising the point that it was most necessary for such inspection to be uniform.

We hope to refer further to this question in a subsequent issue.

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THE MIDWIVES (SCOTLAND) BILL.

On Thursday, July 6th, the Midwives (Scotland) Bill, brought from the Lords on May 18th, was read a second time in the House of Commons and committed to a Standing Committee. The Bill provides for the appointment of two midwives on the Central Board by the Privy Council.

QUEEN CHARLOTTE'S HOSPITAL.

The Annual Report of Queen Charlotte's Hospital states that the Preliminary Training School has proved very successful. A large proportion of the pupils elect to undergo the one-month's training in the Preliminary School before entering upon their training in the wards, and the advantage to the nurses, and to the hospital where it has added considerably to their capacity for work in the wards, has fully justified the expense incurred.

That the training given at the hospital is sound is proved by the success of the candidates at the examinations of the Central Midwives Board. During the year 1913, 107 candidates passed the examination, the percentage of failures being 2.8 only, whereas the percentage throughout the country was 18.

Pupils midwives who decide to enter for the month's preliminary training period for a total of six months—the first of which is spent in the Preliminary Training School—for which the fee of £50 is charged. Pupil Monthly Nurses enter for five months' training, if they decide to spend a month in the Preliminary School, the fee for the five months being £20.

Qualified Medical Practitioners are also admitted to the practice of the hospital, the usual course being four weeks, for which a fee of 58s. 8s. is charged. They may reside at the Residential College just opposite the hospital, the terms for full board and residence being 30s. per week. The interesting point to midwives is that when in the labour wards, in the absence of the Resident Medical Officer they act under the direction of the Sister-Midwife. For instance they are not allowed to make vaginal examinations until they have disinfected their hands according to the prescribed regulations, and to the satisfaction of the Resident Medical Officers, or of the Sister Midwife in Charge. The same regulations apply to medical students. We have always contended that the training of medical students, and consequently their subsequent work, would be considerably improved if it were supervised in the absence of the medical officer by experienced midwives, and it is interesting to know that at Queen Charlotte's Hospital even registered medical practitioners accept such supervision. A point of topical interest brought out by the report is that in the case of insured persons or the wives of insured persons, arrangements are made for a proportion of the Maternity Benefit to be paid to the hospital, and the income during the year from this source amounted to 570 78s. 4d.
EDITORIAL.

THE PREVENTION OF INSANITY.

One of the saddest diseases with which the trained nurse is brought into contact is that of insanity. Specially because, with experience in this class of case, she realizes that, in many instances, patients whose cases are hopeless might have recovered had they been treated in time, yet they had little chance of special medical treatment until they arrived at a stage when they could be certified as insane, by which time the disease had progressed so far that their chances of recovery were much prejudiced.

We realize as we contemplate the conditions in well ordered asylums to-day that we have progressed much since the days of the madhouse; but we need a third development in the care of patients suffering from mental diseases, that is the provision of hospital treatment in institutions where, without any stigma of insanity, they can easily go for advice and care in the early stages of mental instability, so that a certain proportion never become certifiable, because presumably the delicate machinery of the brain has responded to treatment and been re-adjusted.

Last week a deputation, representing all parties in the House of Commons, and including several distinguished medical men, were received by Mr. Herbert Samuel, President of the Local Government Board at the House. The deputation urged him to take steps towards the establishment of homes for the treatment of early and uncertifiable mental cases. They presented a memorial signed by more than half of the members of the House, and by leading doctors, asking the Board to enable and encourage local authorities to supply such homes with a view to the prevention of insanity. Patients would enter these homes as they would enter a hospital, on a voluntary footing, without certification or compulsion, and would be free to leave after giving due notice.

It was further urged that the proposed institutions should not be regarded as half-way houses to asylums, and that in order to encourage the public to come to them for early treatment they should be kept outside the jurisdiction of the Board of Control under the Mental Deficiency Act. The preventive measures proposed would not only be a great gain to the community, but would reduce the expenditure on costly asylum accommodation which was such a heavy burden on the rates.

Sir John Jardine, Dr. Chapple and Dr. F. W. Mott all urged the importance of providing opportunity for such treatment as is already given in observation wards in Poor Law Hospitals in Scotland; Dr. Chapple emphasised the importance of popularising the idea that insanity is a mental disease, and should be treated in hospitals for the purpose, and Dr. Mott said that enormous sums were spent on asylums where human derelicts were kept alive; what was needed was expenditure on prevention.

In the course of a sympathetic reply Mr. Samuel said the Scottish system in this, as in other social matters, was in advance of our own. If fresh legislation was asked for, the immediate prospects were not rosy. As one keenly interested to carry reforms in the interests of public health it was most disheartening to see how good measures were put off year after year and decade after decade because the legislative machine was choked with the work it had to do. He would not hesitate to take administrative steps within his power by asking the medical department of the L.G.B. to make a special study of the problem, to enquire into the experience of Scotland, to get into touch with the Board of Control and report to him, so that he might know what were the best lines upon which to proceed administratively.
OUR PRIZE COMPETITION.

HOW MAY THE COURSE OF PREGNANCY BE AFFECTED WHEN THE MOTHER SUFFERS FROM SYPHILIS? WHAT ARE THE EFFECTS UPON THE CHILD, SUPPOSING IT IS BORN ALIVE WHEN THE MOTHER SUFFERS FROM (a) SYPHILIS, OR (b) GONORRHEA?

We have pleasure in awarding the prize this week to Miss S. Simpson, McKernell Road, Peckham, S.E.

PRIZE PAPER.

Syphilis has a most injurious effect upon pregnancy. It does not merely confine itself to the mother, but is communicated to the fetus, which, if born alive, has a taint upon it which it is almost impossible to eradicate. Children affected with congenital syphilis may be stillborn. On the other hand, they may be apparently healthy at birth, or be born alive with well-marked signs of the disease. The skin may be peeling to such an extent that the nurse is astonished to find the child alive. Most infants affected with congenital syphilis show signs soon after birth, even if they are apparently healthy when born. They are usually puny, ill-nourished, with a shrivelled appearance, blue extremities, and a feeble, hoarse cry. The hair may be thick, coarse, and uneven, the so-called syphilitic wig, looking like the hair of a Japanese doll. The face soon assumes a troubled, weary expression, so that the child is described as looking like a "little old man."

Pemphigus may appear on the skin, particularly on the palms and soles, a number of isolated vesicles looking like small blisters, such as would be produced by sprinkling drops of boiling water on the skin, except that there is no area of redness surrounding the pemphigus vesicles, such as would be seen around blisters produced by scalding. Later on "snuffles" may appear, the child's nose being blocked up by discharge, which runs down the upper lip, and causes excoriation. The child cannot breathe through the nose, and so has difficulty in sucking. Condylomata, small superficial sores, may appear round the anus, and cracks at the angles of the mouth. A rash may appear on the buttocks and back, more or less copper-coloured and extending higher up than the redness caused by wet napkins.

If the mother suffers from gonorrhoea during pregnancy, the child may be affected by ophthalmia neonatorum, leading, if unsuccessfully treated, to death in rare cases, or to partial or total loss of sight in one or both eyes.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss D. Vine, Miss E. Lett, Miss B. James, Miss C. M. Will.

QUESTION FOR NEXT WEEK.

Describe the nursing of a case of scarlet fever. What complications may occur, and how would you endeavour to guard against them?

THE HEALTH OF CHILDREN UNDER SCHOOL AGE.*

By David Forsyth, M.D., D.Sc., F.R.C.P.

One of the earliest and at the same time most disquieting results of State medical inspection of elementary school children in this country was the discovery of widespread physical deterioration among the entrants to the infant departments. The proportion of defective children varied from place to place, but, to take the most prevalent defect alone—namely, dental disease—the percentage in a number of typical areas, urban and rural, ranged from 52 to 60. This unexpected result could not fail to turn attention to the conditions of life of children under school age. To what was their deterioration due? Was it that they had been born with so poor a physique as to be able to offer but little resistance to disease? Or were the harmful influences post-natal? No systematic study, however, had been made of the child population during the first five years of life. Their condition up to one year of age was fairly well known by the work of the many "infant consultations" which aimed at lowering the infant mortality; but just as the Registrar-General's tables on infant mortality closed with the end of the first year, so these infant consultations kept their baby charges under observation only until their first birthday. After that little was known of them until they came as school entrants under the education authorities.

This was the position when the City of Westminster Health Society, with a view to testing the need and practicability of organizing a system of medical supervision of children under school age, opened a special inspection centre in January, 1912, which is still in active work. The society, relying in the first instance on the information received by the medical officer of health under the Notification of Births Act, gets into touch, by means of health visitors,

* Read at the National Conference on Infant Mortality, Liverpool, July, 1914.
with every family where a child is newly born. As soon as possible after the mother is up and about, she is invited to bring her baby to the centre to be medically examined, together with any other children of the family who are not yet at school. Further, a certain number of other children under school age of whom the society has cognizance in the course of its work are similarly invited. In this way children of every year up to five are brought for examination. The centre being the pioneer of its kind, the results of its workings are of special interest, as providing the only statistical evidence yet published of the physical deficiencies of the child population in each of the first five years, and the following table summarizes the physical conditions noted at the examination of 604 children brought to the centre during 1912 and 1913:

<table>
<thead>
<tr>
<th>Age of Child:</th>
<th>6 to 11</th>
<th>11 to 2</th>
<th>21 to 3</th>
<th>31 to 4</th>
<th>41 to 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number examined:</td>
<td>204</td>
<td>119</td>
<td>127</td>
<td>70</td>
<td>52</td>
</tr>
<tr>
<td>Decayed teeth</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Enlarged tonsils</td>
<td>% 6.7</td>
<td>11.7</td>
<td>15.7</td>
<td>25.8</td>
<td>30.8</td>
</tr>
<tr>
<td>Adenoids</td>
<td>% 3.0</td>
<td>8.4</td>
<td>20.0</td>
<td>30.2</td>
<td>48.0</td>
</tr>
<tr>
<td>Rickets</td>
<td>% 19.0</td>
<td>24.4</td>
<td>38.3</td>
<td>50.0</td>
<td>49.0</td>
</tr>
</tbody>
</table>

The outstanding feature of this analysis is the rapid rise in the tide of disease in each year of life. While the large majority of children in the first period are healthy, only the minority go through to their fifth year without at least one physical defect of some kind or other. This is most strikingly seen in cases of dental caries, a condition which is probably responsible for more ill-health among children than any other. Further, it should be added that the proportion of the defective cases in urgent need of treatment increases every year; that is to say, the longer the defects are left untreated the more serious they become, the more protracted and costly the treatment, and, of course, the less the chance of completely restoring health. Finally, although rickets dwindles to insignificant proportions by the fifth year (it is rarely even mentioned in the reports of the school medical officers), its lifelong effects in producing deformity, and more often still in stunting the stature in after life, have already become ineradicable long before school begins.

Apart from these four varieties of defects (enlarged tonsils, adenoids, decayed teeth, and rickets), not a great deal of ill-health was found — a fact the importance of which is fully realized only when it is remembered that these particular defects are nowadays largely preventible. Rickets spells improper food. Teeth can hardly decay if the mouth and its contents are kept scrupulously clean. Adenoids and enlarged tonsils are intimately dependent on the same circumstance, and on the no less important factor of cleanliness of the interior of the nose. Yet how many mothers apply these simple facts in practice? Comparatively few probably even know of them. To maternal ignorance, therefore, an the elementary needs of infancy must be ascribed no inconsiderable share of this widespread deterioration. It is environmental and not inherited.

Now, although it would be unwise to generalize too confidently from statistics based on a few hundred cases, still it is noteworthy that these figures for each of the first five years lead up to and accord very well with those known to represent the condition of school entrants throughout the country. It is very probable, therefore, that our Westminster children are neither much worse nor much better than children elsewhere. In other words, large numbers of children throughout the country, healthy in every respect at birth, become, within five years, the physically defective entrants whom the education authorities are required, at no small cost, to restore, as far as possible, to their original state of health. And most of these cases are preventible if taken in time, and can be relieved more speedily, and therefore more cheaply, by treatment in their earliest stages than if left until school age, by which time not a few will have received permanent damage, physical or mental.

This national problem cannot be solved by any but a national scheme providing for the continuous medical supervision of children from birth to school age. Inspection centres for this purpose will fill the gap between the school medical service on the one hand, and maternity centres dealing with pre-natal and natal conditions on the other. Indeed, their work is so closely related to the latter, of which they are the natural continuation, that the two can be most usefully combined, so that a pregnant mother, after having been brought safely through the confinement, will continue with her baby under the same guidance for the next few years.

By thus making medical advice available for those so much in need of it, a great step towards preventing ill-health among these younger children will have been taken. Still further improvement will be effected when, by teaching girls before they leave school how to rear babies, a generation of enlightened mothers is produced. But it will be many years before these preventive measures alone can meet the situation, since a large though decreasing number of children will still be in need
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of remedial treatment. Facilities for this treatment—which at present is not to be obtained even in great towns, still less in rural areas—must be provided at no great distance from the children's homes, and without penalizing the mothers by making them lose work in taking the children to and from the centres. Here, again, it should be remembered that the distinction between children under five and children over five years of age, though cardinal from the educational point of view, finds no support whether on physiological or pathological grounds. The conditions of health at the two periods may differ in minor respects, but for the most part they are the same, and it is difficult to see from the medical point of view what good purpose can be obtained by placing the health of children under the care of different authorities at different times. A continuous medical supervision, starting before birth, extending over the whole of childhood, and retained under the same control throughout, is much to be preferred on the score of medical efficiency.

FLORENCE NIGHTINGALE TO HER NURSES.

A collection of letters, "Florence Nightingale to her Nurses," has been published by Messrs. Macmillan & Co., Ltd., price 1s. They are a selection from Miss Nightingale's Addresses to probationers and nurses of the Nightingale School at St. Thomas' Hospital. These letters, which cover the period from 1872 to 1879, with the 1888 letter included, and have been collected by Mrs. Vaughan Nash, were usually read aloud by Sir Harry Verney, Chairman of the Nightingale Fund, in the presence of the probationers and nurses, and a printed copy, or a lithographed facsimile of the manuscript was given to each nurse present. A few also were written for the Nightingale nurses serving in Edinburgh.

From these characteristic letters we quote as follows:

"Conceit and nursing cannot exist in the same person any more than new patches on an old garment."

"I would try to be learning every day to the last hour of my life. And when his legs were cut off, He fought upon his stumps," says the ballad; so when I could not longer learn by nursing others, I would learn by being nursed, by seeing nurses practise upon me. It is all experience."

"I have been in positions of authority myself, and have always tried to remember that to use such an advantage inconsiderately is—cowardly. To be sharp upon them is worse in me than in them to be sharp upon me. No one can trample upon others and govern them. To win them is half, I might say the whole, secret of 'having charge.' If you find your way to their hearts, you may do what you like with them; and that authority is the most complete which is least perceived or asserted."

"Mere worldly success to any nobler, higher mind is not worth having. Do you think Agnes Jones, or some who are now living amongst us, cared much about worldly success? They cared about efficiency, thoroughness, but that is a different thing."

"May I pay ourselves even the least little compliment, as to our being a little less conceited than last year? Were we not as conceited in 1872 as it was possible to be? You shall tell. Are we in 1875 rather less so? . . . Would that this could be a 'secret' among us! But, unfortunately, our name is 'up' and 'abroad' for conceit. And has it not even been said ('tell it not in Gath')? 'And these conceited 'Nightingale' women scarcely know how to read and write?'"

"Now let no one look to see our blushing. But shall we not get rid of this which makes us ridiculous as fast as we can?"

ASSOCIATION OF SUPERINTENDENTS OF NURSING HOMES.

The Provisional Committee of the above Society met at 132, Harley Street, W., on the invitation of Mrs. Stabb, on Friday, 17th inst., with most encouraging results. Thirty-eight superintendents of Nursing Homes were elected members, and it is hoped that the number may be doubled at a future meeting. Now that such an excellent start has been made, others should come forward, that a really representative and strong association may be formed. Mrs. Stabb will be pleased to forward all information and application forms to Superintendents who may wish to know more about the association, and ladies other than those working in London are eligible and will be welcomed as members.

List of Members.

The following ladies were elected on the 17th inst. — Miss Bristow, Miss Bedford, Miss Bradford, Miss Brandon, Miss E. Bailey, Miss Clements, Miss Cannan, Miss Carlin, Miss Chithcoke, Miss Coulson, Miss Crozier, Miss Davies, Mrs. Frankau, Miss Helen Flint, Miss Fletcher, Miss Fowler, Miss Gordon, Mrs. Louise Hunt, Miss Holder, Miss Habgood, Mrs. Hill, Miss Alice Hare, Miss Johnson, Miss Lancaster, Miss Lightfoot, Miss Lloyd, Miss Myers, Miss Macpherson, the Misses Phillips, Mrs. Robertson, Miss Rowell, Miss Slade, Miss Shepherd, Mrs. A. F. Stabb (Chairman of Association), Miss Thompson, Miss Underhill, Miss Zegho.
THE SOCIETY FOR THE STATE
REGISTRATION OF TRAINED NURSES.

The annual meeting of the Society for the State
Registration of Trained Nurses was held
at the Medical Society's Rooms, 11, Chadwell
Street, W., on Thursday, July 10th, at 3 p.m.
The President of the Society, Mrs. Bedford Fen-
wick, was in the chair and was supported on
the platform by Lady Strachey, Sir Victor Horsley,
Miss Heather Bigg (Matron, Charing Cross Hospi-
tal), Miss Cox Davies (Matron, Royal Free Hospi-
tal), and Mrs. Arthur Stabb. There was a
very good attendance of members.

THE ANNUAL REPORT.

The Hon. Secretary presented the Annual
Report and Audited Accounts, which emphas-
ses the furthering interests of the country
by bringing the work of nursing education, showing that on all sides the work of
nursing was broadening, while on the other hand
the lack of legal status and the standardization of education was acting most prejudicially, both
on the numbers and quality of candidates applying
for training. In many hospitals and infir-
maries the shortage of candidates was acutely
felt, and it was evident that it suitable and
sufficient supply was to be attracted to the nursing profession the Government must seriously consider
the long-deferred question of nursing legislation.

During the year 100 new members had been
elected, bringing up the numbers of those who
had joined the Society to 3,500. Early in the
year the appointment of His Excellency Sir Ronald
Munro Ferguson as Governor-General and Com-
mander-in-Chief in Australia deprived the Regis-
tration Council of the support which he had for so
many years given to it in the House of Commons,
both by introducing the Bill and in other ways.
Acting on Sir Ronald's strongly expressed advice,
Dr. Chapple, Member for Stirlingshire, was invited
by the Central Committee for State Registration
of Nurses to take charge of the Bill.

A small deputation of members of the Society
were at Victoria Station to wish His Excellency
and Lady Helen God-speed on their departure
for Australia, and, in its name, the President
presented flowers of the National colours to Lady
Helen, and expressed to her the gratitude of the Society for all that she and Sir Ronald had
done for the interests of nursing. Since their arrival in Australia His Excellency has forwarded to the
President papers illustrating his reception in
Australia, rightly assuming that his work for the
Empire will always be followed with interest by
the members of this Society, which owes so much
to him and to Lady Helen.

The Report also described the introduction
of the Nurses Bill into the House of Commons
by Dr. Chapple, under the ten minutes Rule on
March 3rd, with the resulting majority of 228,
followed on July 6th by the presentation of a
memorial to the Prime Minister by Dr. Chapple,
on behalf of the Central Committee, praying for
facilities for the passing of the Bill, supported
by a petition from over 500 matrons.

The report referred to the very successful and
most instructive Nursing Conference and Exhibi-
tion organized by the National Council of Trained
Nurses at Birmingham through the General
Hospital Birmingham Nurses' League, and
to the powerful support given to the registration
cause by the Lord Mayor of Birmingham, Professor
Darling, Vice-Chancellor of the University, Mrs.
George Cadbury, and others, and to the unanimous
resolution in support of State Registration passed
on that occasion. The resolutions passed in
open Conferences of Nurses in Glasgow in February,
and in London in April, by the Irish Nurses
Association at their annual meeting, by the
Annual Conference of Yorkshire Poor Law Boards
at Scarborough in the autumn, and at a meeting
addressed by Sir Victor Horsley at Leeds, were
noted. The Vice-Presidents appointed during
the year were Mrs. Strong, President of the Scottish
Nurses Association, Miss A. Carson Rae, and
Dr. E. W. Goodall.

Reference was also made to the fact that Regis-
tration of Nurses is now in force in the provinces
of Ontario and Manitoba in Canada, that a Bill
has been drafted in British Columbia, and that at
the annual meeting of the Canadian National
Association of Nurses at Halifax, Nova Scotia, on
July 10th and 11th, a session was devoted to
this question and reports presented from every
province in the Dominion.

Progress was also reported in Australia, in the
State of Victoria, where the new Minister of Health
has been interviewed by a deputation from the
Royal Victorian Trained Nurses Association,
with the object of securing the consent of the
Government to assume control of Nurses Regis-
tration; and in South Africa, where there is a
movement for the consolidation of the law relating
to the registration and training of nurses, and
to obtain representation of the nurses on their
governing body.

It was also recorded that Registration laws
have been passed in Florida, Kentucky, and
Mississippi in the United States, bringing the
number of States in which Registration is in
force up to 40. That in California 4,500 nurses
have registered under the waiver, that the
Act became operative in August, 1913, and that
in reply to an intimation from the Director of
the Bureau of Education sending regulations
for reciprocity with foreign countries, and asking
for our own laws and regulations, we were com-
pelled to reply that reciprocity with this country
was at present impossible, as the nurses of the
United Kingdom have no legal status.

The Report concluded by recording the thanks
of the Society to the Committee of the Registered
Nurses Society for the use of their Board Room,
free of cost, for meetings of the Society, and to
those members—Miss A. E. Hulme, Miss B.
Kent, Miss R. Metherell, Miss H. Hawkins, Miss
G. B. Macivettie, and Miss E. Farrington—who
have given valuable clerical help.
The audited accounts showed that subscriptions and donations amounted to £61 8s. 9d., and the Balance in hand to £36 16s. 6d. 

The Report and Balance Sheet were unanimously adopted.

ELECTION OF EXECUTIVE COMMITTEE.

The Executive Committee were then re-elected, with the following alterations and additions:

Miss E. Milne, delegate of St. Bartholomew's Hospital Nurses' League, in succession to Mrs. Shuter; Mrs. Jeffers, Secretary of the Irish Nurses' Association, in succession to Miss E. Hanan; and the Presidents of the newly formed Queen's Hospital Birmingham Nurses' League, and the Southwark Infirmary Nurses' League, Miss M. A. Buckingham and Miss Rose Wallace.

In connection with the appointment of the Executive Committee, the President brought forward the suggestion made by Miss E. Pell Smith, Delegate of the Royal Infirmary, Leicester, Nurses' League, that the principle of substituting delegates should be sanctioned, and said that for the sake of the continuity of business she thought it would be undesirable to have a variety of substitutes, but for a League to have an alternative delegate might be desirable. This was approved.

ADDRESS BY SIR VICTOR HORSLEY.

Sir Victor Horsley congratulated the Society on its work, the object of which was essentially to uplift the interests of the people. The rich could secure good nurses, and in speaking of uplifting the interests of people he did not mean only the very poor, who could obtain excellent nursing care in hospitals, but that large stratum of society including the moderately poor, who too often did not get proper nursing. The members of the Society had to consider what steps they could take to promote its object to bring the provision of proper nursing care to the community. They could not have a better object in life than that to work for.

Speaking to an audience of nurses it appeared to him to be an especially appropriate occasion to refer to the part which Florence Nightingale took in opposing the movement for State Registration of Nurses.

It would be a bold expression of wicked thought on the part of anyone to suggest that Miss Nightingale held that any nursing would do for the poor; her life and work proved the contrary. Yet only the day before it had been stated at a meeting which he attended that the poor in rural districts did not need fully trained nurses. Why the poor agricultural labourer, whose lot was hard enough, was to be refused the help readily at the disposal of the town dweller he could not imagine.

The question was largely one of money. To place a properly trained nurse in a rural district required a higher salary than that usually offered, and philanthropists were not willing to dip their hands sufficiently deeply in their pockets to provide the necessary amount. Of course, nurses should not be left in rural districts for an indefinite time, but that was another matter.

This question of the adequate payment of nurses was not confined to rural districts. The London County Council was actually paying higher salaries to untrained than to fully trained women.

Sir Victor emphasised the fact that humanity, and especially medical humanity, required that everyone should have the chance of being properly nursed. Through Mr. Lloyd George's enterprise the opportunity was within sight if he could be adequately guided, but now that State money was to be available for nurses, those who supplied half-trained nurses were very desirous of obtaining a share of it.

The enemies of State Registration were fond of quoting Miss Nightingale's opposition. Chief amongst these were Lady Jersey and Miss Luckes, Matron of the London Hospital, who, it was well known, was the mainspring of the clock, but she had recently allowed herself to be interviewed, and therefore to be criticised.

Sir Victor contended that it was neither honest nor accurate of those who quoted Miss Nightingale as opposed to registration to omit reference to the fact that she had deliberately written to Mr. Rathbone in 1851, "Forty years hence such a scheme might not be preposterous, provided the intermediate time be diligently and successfully employed in levelling up, that is, in making all nurses at least equal to the best trained nurses of this day, and in levelling up training schools in like manner." That was a scientific and perfectly understand-able attitude. Miss Nightingale was the last person in the world to have no regard for future developments. As a medical man who honoured Florence Nightingale, he thought it intolerable that she, who broke the first sod in the campaign for better educational conditions for nurses, should be represented in the light of her ever obstructing progress.

Sir Victor then said that the meeting had heard in the general report what was being done in our Dominions, and had no doubt realised what a bright future might be before them. He referred to the question of reciprocity, and said that it did not matter if it was asserted that the proposition for Nurses Registration was imperfect. When people said the scheme of medical reciprocity was not perfect that might be true, but it provided a good working basis. The same would hold good of nursing. A trained nurse from the United Kingdom should be able to go to any part of the British Dominion with a recognised status.

Only that afternoon he had been talking to an eminent medical man (Dr. Bruce) from Ontario, where, as they had heard, registration was in force, though it was not really pushed till the last eighteen months.

In this country the advocates of nurses registration had been working for it for more than twenty-five years. That was no credit to the intelligence of the Mother Country, but it was not the first time that a daughter had been able to teach her parents.

The speaker concluded by saying that the
Society was doing work of importance of the first rank. The report had rightly stated that the year had been a fruitful one. Even the enemies of registration admitted that it was "bound to come." One more push and he hoped it would be an accomplished fact.

In moving a very cordial vote of thanks to Sir Victor Horsley from the chair for his inspiring address, the President said that nursing reform suffered from being regarded as a woman's question. It was not a woman's question or even a national question only, but a human one.

**RESOLUTION I.**

The following Resolution was then proposed by Miss R. Cox Davies, Matron of the Royal Free Hospital, seconded by Miss L. V. Haughton, Matron of Guy's Hospital, and carried unanimously:

"That the members of the Society for the State Registration of Trained Nurses, at Annual Meeting assembled, earnestly support the Memorial presented to the Prime Minister by Dr. Chapple, M.P., on behalf of the Central Committee for the State Registration of Nurses, praying that His Majesty's Government may be pleased to afford the necessary facilities, so that the Nurses' Registration Bill, which passed its First Reading in the House of Commons by a majority of 228 on March 3rd, may be considered on its merits.

"They further desire to express their earnest conviction that, in the interests of the community, such action is of urgent importance."

Miss Cox Davies said that she was very glad to be present to move the resolution, and to bring the voice of a considerable number of nurses. She was at present President of the League of Royal Free Hospital Nurses, a Young League numbering 135 nurses, and the League of St. Bartholomew's Hospital nurses, the largest of all, numbering about 800 nurses, so that she saw there as representing nearly 1,000 women holding certificates of 3 years' training. Both Leagues had passed resolutions in favour of the State Registration of Trained Nurses. It was customary to say that the voice of nurses did not count for very much, as they followed their Matrons and did as they were told. She took considerable pride in knowing that the Leagues in which she held the position of President, included 1,000 women as intelligent, or more so, than herself, that they thought for themselves, and were not so lamb-like as to be dominated by her.

There was no need of discussion of that kind to discuss the reasons for Nurses' Registration, because all present were convinced supporters of the movement. But she wished to urge the need for individual work on the part of the members. She hoped they would leave the meeting resolved to take upon their own shoulders the duty of propaganda work, and she quoted from The British Journal of Nursing the Editor's advice in this connection.

Referring to Miss Nightingale's views on registration of nurses, she said that though in her old age she was opposed to it, if she were with us in full vigour—not in old age which is naturally averse to change—but moving about amongst us and seeing the evils of which we were cognisant, that she, too, would in all probability be a supporter of the registration movement.

Miss Haughton said that as the representative of the Irish Nurses' Association, she was specially glad to second the resolution. She, too, emphasised the need for individual work. As the Home Rule Bill for Ireland might soon be in force, and Ireland was unanimous on the subject, perhaps next year Irish Nurses might be registered under their own Bill.

**AN EMERGENCY RESOLUTION.**

The President reminded the members of their duty to the insured sick, and of seeing that Nurses subsidized by State funds were adequately trained, and their knowledge guaranteed by the State. They must ask the Chancellor to see that State money was justly expended. She would now call on Mrs. Stabb to move an emergency resolution on the question.

**RESOLUTION II.**

Mrs. Arthur Stabb then moved the following Resolution, which was seconded by Miss H. Anderson, Matron of the East End Mothers' Home, and carried unanimously:

"That the Annual Meeting of the Society for the State Registration of Trained Nurses desires to draw the attention of the Chancellor of the Exchequer to the fact that under the National Insurance Act the qualifications of medical practitioners and midwives attending insured persons are registered under State authority, and to urge upon him the necessity that Nurses subsidized by State Funds shall be similarly guaranteed."

Mrs. Stabb said that, in addition to the Resolution, she would like to propose, as a Rider, that the Chancellor of the Exchequer should be asked to receive a Deputation to put before him the necessity of employing only fully trained nurses in connection with his scheme for nursing insured persons, and if he accepted the suggestion to ask him to define the term "trained nurse."

If Mr. Lloyd George consented to receive such a Deputation, she thought he would see the difficulty of defining the term as things are at present, and it might so bring home to him the need for State Registration, that he might champion the nurses' cause and persuade the Government to give facilities for the passage of a Nurses' Registration Bill into law.

That the Government should give facilities was, she believed, the only hope of getting the Bill through so long as one person could effectually block a private Member's Bill.

The meeting learnt with much regret that Dr. E. W. Goodall, Hon. Medical Secretary of the Central Committee for State Registration of Nurses was indisposed, and unable to attend.
A Deputation to the Home Secretary.

The President then read a message just received from the House of Commons from Dr. Chapple, who had hoped to address the meeting, that he was detained at the House and could not get away. He sent word that Mr. McKenna, the Home Secretary, had consented to receive a Deputation of Nurses, an announcement which was greeted with much applause.

The meeting concluded with a vote of thanks to the Chairman and speakers, after which the members present responded to the most hospitable invitation of Mrs. Walter Spencer and adjourned to 2, Portland Place, where they passed a delightful time, enjoying the tea and other good things provided, and much lively conversation.

Margaret Break, Hon. Secretary.

Registration News.

The eighty-second Annual Meeting of the British Medical Association will be held at Aberdeen on July 28th, 29th, 30th, and 31st next, under the presidency of Sir Alexander Ogston, cons Hing surgeon, Aberdeen Royal Infirmary, and surgeon-in-ordinary to the King in Scotland.

Nurses Registration is to be discussed at the Annual Representative Meeting, and we learn that a member of the London Hospital Medical Staff is going to oppose the resolution, "That the representative body reaffirm its opinion that the State Registration of Nurses is desirable." It is to be hoped the Rider sent by the Trowbridge Branch adopted, "That this Meeting views with concern the increasing number of insufficiently trained nurses, and call upon the Government, and the other authorities concerned, to take steps to remedy the evil," will be sent to the Council of Queen Victoria's Jubilee Institute, and to the Committee of all County and Cottage Nursing Associations, as it is these latter bodies which are to blame for the unsatisfactory standards.

High Time for Legislation.

The Lancet gives two columns of editorial comment to Nurses Registration last week, and after touching on the progress of the Bill in the House of Commons this session, lays stress on the fact that only three out of twelve of the Matrons of large London Hospitals with medical schools attached, support the Petition for a second reading. We need only quote "Barts." The Matron trained at the London Hospital, and holding a two years' certificate of training—signs "anti"—whilst the League of 780 three years' certificate nurses trained at St. Bartholomew Hospital are in favour of a professional guarantee of efficiency for the public. Surely their demand weighs down that scale! The editor of the Lancet has apparently overlooked the signatures of the Matrons of the Royal Infirmary, Edinburgh, the Matrons of the Royal Infirmary and Western Infirmary, Glasgow, and almost every Matron in the Irish Metropolis—he will find their names in the Petition. The fact is the opposition of the autocratic committees of a few London Hospitals to "State interference" now stands between the public and their right to a guarantee of nursing efficiency, under statutory authority. But the time is ripe for nursing legislation. There are medical, dental, pharmaceutical, midwifery, domestic and laundry Acts in force, to which all hospital managers have, as employers, to conform; why are nurses to be excluded from similar protective legislation? The truth is they are in greater need of legislation than any class of hospital worker.

League News.

The Victoria and Bournemouth Nurses' League have made a good start with their collection for the Nurses' International Memorial to Miss Nightingale. A committee has been appointed, and the Matron, Miss Forrest, suggested that they had better begin in time as their League was a small one compared to others, and that each member should be invited to contribute one Day's Pay, whatever that might be, as proposed by the National Council of Trained Nurses, which was organizing the Fund in the United Kingdom. The Vice-President, Miss McDonald, 15, Gerald Road, Bournemouth, undertook to collect subscriptions, and in the first few days quite a fair sum was given.

Collecting cards can be obtained from the Hon. Secretary, N.C.T.N., 431, Oxford Street, London, W., as Nurses may often be able to direct the benefactions of other people; for all the world has a personal interest in the efficiency of the trained nurse, and it is to attain this that the Nightingale Chair of Nursing and Health will be founded.

How Nurses are Exploited.

Stanley Alexander Flemmer, of the Harley Institute, Marylebone Road, W., who was recently deprived of his licence as an employment agent by the London County Council, was on Monday fined £25 and 7 guineas for carrying on an agency without a licence. Mr. James H. Pawlyn, who prosecuted, said that Flemmer's plan was to find situations for nurses and pay them their earnings less 3s. 6d. in the guinea, but a number of cases had been brought to the notice of the London County Council in which, though he was paid by the people who engaged the nurses he failed to pay them. Two nurses gave evidence as to his owing them £14 and £18 respectively.

The magistrate, in imposing the fine, said it was a most scandalous state of things. He hoped there were not many places like this in London. It might be worth while to take Counsel's opinion whether Flemmer's conduct came within the Larceny Act of 1901.

If a system of registration were in force such exploitation would be an unprofitable business.
THE NURSES' INTERNATIONAL MEMORIAL TO MISS NIGHTINGALE.

In reply to enquiries, we beg to inform collectors for the Nurses' International Memorial to Miss Nightingale, that subscriptions can certainly be sent in to the Hon. Secretary of the Fund as they choose. We gave the date January 1st, 1915, as the latest date for receiving donations, but already the lists are beginning to return with names and subscriptions. Every name will appear on the final list of subscribers to be inserted in the "Purse," to be handed to Miss Goodrich, the President of the International Council of Nurses at San Francisco on June 2nd, 1915, as that of a Founder of the Chair of Nursing and Health.

FEVER NURSES' ASSOCIATION.

A meeting of the Executive Committee was held on July 13th at the offices of the Metropolitan Asylums Board (by kind permission of the Board).

Dr. E. W. Goodall (Eastern Hospital, M.A.B.) was elected Chairman for the coming year.

Dr. J. Biernacki (West Ham Fever Hospital) was appointed delegate of the Association on the Executive Committee of the Central Committee for the State Registration of Nurses.

The Jovce Green Hospital (M.A.B.) and the Croydon Borough Hospital were added to the list of Hospitals recognised by the Association as Training Schools for Fever Nurses.

Miss Millman, Matron of the Norwich Isolation Hospital, was elected a member of the Association.

The following nurses were elected members of the Association:—Janet Paterson Esplin, Kate Florence Larkin, Agnes Hannah Jones and Maud Mary Spencer, of the North Western Hospital (M.A.B.); Florence Gladys Jones and Margaret Evans Thomas of the North Eastern Hospital (M.A.B.).

The following members of the Association were co-opted on to the Committee:—Dr. Brownlee, Dr. Cuff and Dr. Pearson, Miss Pratchett and Miss B. Scott.

It was decided that the date for the next written examination for the Association's Certificate of Training should be Wednesday, October 7th, 1914, and that the next meeting of the Council should be on Monday, October 18th.

The further consideration of several important questions was adjourned till the next meeting.

H. T. Bryson,
Secretary.

NATIONAL UNION OF TRAINED NURSES.

The Executive of the Central Council has considered the resolution of the London Branch on the question of approaching other branches of the Union on the subject of State Registration. The matter was fully discussed but the Executive felt that they were unable to deviate from their principle of not enunciating any definite policy with regard to this subject which has not yet been before the Council.

The Branches remain entirely free to discuss and vote upon it as they desire.

THE NEWTON ABBOT BRANCH.

At a meeting held some little time ago of the Newton Abbot Branch of the National Union of Trained Nurses in the Board Room of the local Union Infirmary, kindly lent by the Guardians, a most interesting lecture was given by Dr. Makeng-Jones, of Torquay, on "Sleep." The Rev. E. G. Beckwith was in the chair.

The lecturer said that although the heart, lungs, &c., went on working during ordinary sleep, yet all the organs slept at some time, and the heart, the most hard-worked of all organs, had nine hours' sleep per diem,—between the beats—and the lungs "slept" between each expiration and the following inspiration. Sleep was not sent to give rest to the lungs or the digestive organs, which went just as well during sleep as in waking hours, although the digestive organs generally rested during sleep. The organs of smell and sight and hearing remained awake during sleep and the brain centres communicating with these organs would respond to the same phenomena as they would in waking hours. These organs were however, somewhat in abeyance during sleep, although, for instance, the ear could respond to a sound which was not loud enough to awaken the sleeper.

Sleep was the resting time of "consciousness."
The question then arose, "Where was the seat of consciousness?" Consciousness lay in the gray matter on the outside of the brain. Beyond that, the gulf between the material and spiritual seemed as broad as ever.

Sleep was generally more profound during digestion, and, generally speaking, a wakeful animal was a hungry animal.

It was now believed that consciousness was caused by the action and reaction upon one another of certain diminutive functional parts of the brain. In sleep these parts ceased to act, and in dreaming they acted imperfectly without tending to complete consciousness. For instance, when one was called in the morning, before the return of full consciousness, certain of the brain centres, affected by various memories or emotions, would awake one after another. The centres so awakening might be, for instance, those affecting the memories of church, music-hall, and lecture room. The sleeper might be confused into thinking that he was listening to a serio-comic lecture in church, or a sermon from the stage. And all this after receiving the call to get up. The first part of the period of the sleep was the deepest, and it was the "beauty sleep." It was impossible for anyone to dream of anything which he had never seen or heard of. Sensations were, however, often confused in dreams.

In reply to questions, the lecturer remarked that at the actual time of death the patient was always far too much lapsed into insensibility to be able to feel any pain, although it might be a terrible sight for the onlookers.
APPOINTMENTS.

MATRONS.

Royal Gwent Hospital, Newport, Mon.—Miss Catherine Wilson has been appointed matron of the Royal Gwent Hospital, Newport, in succession to Miss M. Arkey, who has secured an appointment in Africa. Miss Wilson received her general training at the Royal Infirmary, Edinburgh, and has since held important posts at the Hampstead General Hospital, the City Hospital North, Liverpool, and in Brussels. She has studied infectious diseases at the Piastra Fever Hospital, and since 1912 has acted as sister housekeeper at the Royal Sussex County Hospital at Brighton. It is expected that Miss Wilson will take up her duties in Newport in September.

Kensington and Fulham General Hospital, W.—Miss Caroline Webber has been appointed Matron. She was trained at the Coventry and Warwick Hospital, and has been Sister and Night Superintendent at the Radcliffe Infirmary, Oxford, and Matron’s Assistant at the Royal Infirmary, Bristol.

The Birmingham Royal Institution for the Blind, Carpenter Road, Edgbaston.—Miss Amy R. Todd has been appointed Matron. She was trained at the Queen’s Hospital, Birmingham, and has held the position of Assistant Matron in the same institution.

ASSISTANT MATRON.

Fulham Infirmary, Hammersmith.—Miss Louisa Wallace has been appointed Second Assistant Matron. She was trained at the Fulham Infirmary where she has held the positions of Ward Sister and Theatrical Sister. She has also had experience of private nursing and is a certified midwife.

Alexandra Hospital, Queen’s Square, W.C.—Miss Florence Tacon has been appointed Assistant Matron. We regret that a name notifying the appointment last week the name of the successful candidate should have been incorrectly printed.

SISTER.

St. Mary, Islington, Infirmary, London, N.—Miss Alice Eldridge has been appointed Sister. She was trained at the Edmonton Infirmary, and is a certified midwife.

Memorial Cottage Hospital, Leeds.—Miss Maude M. Ward has been appointed Sister. She was trained at the West Herts Hospital, Hemel Hempstead and has held the position of Staff Nurse in that institution.

CHARGE NURSE.

Union Infirmary, Ashby-de-la-Zouch.—Miss Mary Ann Fletcher has been appointed Charge Nurse. She was trained at the Rochdale Workhouse Infirmary, and has held the position of Charge Nurse at Keighley, Wigan and Huddersfield Infirmaries.

HEALTH VISITOR AND SCHOOL NURSE.

Urban District of Chadderton, Near Oldham.—Miss Edith Reece has been appointed Health Visitor and School Nurse. She was trained at Salford Union Infirmary, and has been Night Sister at the Jewish Hospital, Manchester, and Ward Sister at Westhumble Hospital, Oldham.

QUEEN VICTORIA’S JUBILEE INSTITUTE. ASSISTANT SUPERINTENDENT.

Miss Susanna Horsley is appointed to Derby C.N.A. as Assistant Superintendent and Emergency Nurse. Miss Horsley received her General Training at the Poplar and Stepney Sick Asylum and her Midwifery Training at the Gloucester Home and has since held several appointments under the Institute.

Miss Mercy Wilmhurst is appointed to Brighton on Edward as Second Assistant Superintendent. Miss Wilmhurst received her General Training at St. George’s in the East Infirmary and her Midwifery Training in London and has since been Queen’s Nurse at Southborough.

TRANSFERS AND APPOINTMENTS.

Miss Hilda Argyle is appointed to Hartley, Winston and Elvetham, Miss Lilian M. Bailey to Chatham, Miss Mabel Jeffries to Carlton-on-Trent, Mrs. Laura Morgan to West Malvern, Miss Jeanie Skimming to Garston, Miss Winifred Watten to Groombridge, Miss Elizabeth Wright to Cannock.

QUEEN'S NURSE HONOURED.

Miss Elizabeth Birrell, Johnston Lodge, Stonehaven, Queen’s nurse, has been presented with the long service medal of the Scottish Council of the Queen Victoria’s Jubilee Institute for Nurses. In a letter accompanying the badge, Lord Goschen, chairman of the Council, states that “the badge is awarded to Queen’s nurses who have served for 21 years, and have done good and loyal work for the Institute.”

RESIGNATION.

Miss Adelaide Row has to the very great regret of the committee and all her colleagues resigned the position of Lady Superintendent to the East London Hospital for Children, Shadwell, E., after nineteen years of most devoted service. Miss Row began her nursing career at the East London Hospital, Shadwell, in 1883, and after experience in adult nursing at St. Bartholomew’s Hospital returned there as Sister. In 1894 she was appointed Matron of the Jenny Lind Hospital, Norwich, and a year later returned to the East London Hospital, Shadwell, as Lady Superintendent. With the exception of two brief periods therefore the whole of her professional career has been spent in East London where she is much beloved.

WELCOME HELP.

The President of the Society for State Registration of Nurses is most grateful for the following Donations in support of the work of the Society:

Miss C. Forrest, £1 28. 6d.; St. John’s House Nurses League, £1 1s.; Miss Jameson, £1 1s.; Mrs. Stabb, 10s.; Miss V. Thurston, 10s.; Miss L. Fawkes, 4s.
NURSING ECHOES.

By invitation of Queen Alexandra, the annual meeting of Her Majesty's Committee of the Queen Victoria Jubilee Institute for Nurses was held at Marlborough House on Friday, July 17th, tea being afterwards served in the beautiful grounds.

Queen Alexandra and Princess Victoria were present, and the meeting was briefly addressed by Prince Alexander of Teck, who said that at the last annual meeting a pension fund for nurses was mentioned, and the money came tumbling down from the skies till they had £450. He would be much gratified if, before he went to Canada, he could see the fund made up to an amount large enough, when capitalized, to secure a pension fund in perpetuity for one nurse.

The report of the committee was read by the President, Lady Northcote, and stated that the Committee, as in previous years, had handed over the sum of £2,000 during 1913 to the Council of the Queen Victoria Jubilee Institute.

Over 150 members had served on the committee for five years, and were therefore eligible for the badge sanctioned by Her Majesty.

The Dowager Lady Dimsdale (Vice-President) who thanked Her Majesty for permitting the meeting to be held at Marlborough House, asked her acceptance of a replica of the badge which she had been pleased to approve as a decoration for all members of five years' or more service. It is a pretty oval design in gilt, suspended from a ribbon in the Danish national colours, and ornamented with Her Majesty's initials in enamel.

In acknowledging and accepting the gift, Queen Alexandra said she appreciated it thoroughly, as well as all the efforts of the committee on behalf of the Queen's Jubilee Institute. She then presented the badges to those eligible to wear them, most of whom at once donned the decoration.

At a meeting held last week of Queen Victoria's Jubilee Institute for Nurses, it was reported that Miss Amy Hughes, General Superintendent of the Institute, has been invited to deliver the Nightingale Oration in connection with the Liverpool branch of trained nurses on October 8th. A special uniform hat has been approved by the committee, the one previously sanctioned not having proved suitable for general wear.

The trustees of the London Parochial Charities have renewed their grant of £1,000 for distribution among the nursing associations in London, in accordance with a scheme drawn up by the trustees.

We hear that Miss Macqueen, formerly Organizing Superintendent for England of Queen Victoria's Jubilee Institute, is to be the Principal of the new St. Katherine's College.

The locality of the College has not yet been settled, but it will probably be between the Tower and West Ham.

Miss Macqueen has had a varied experience, and was last year in Macedonia engaged in organizing relief on behalf of the Macedonian Fund. From Monastir she penetrated into the interior of the country, and crossed the mountains to Janina, being, we believe, the first English relief agent to visit the town.

Mrs. Ingleby annually awards a gold medal for excellence of conduct and work, both theoretical and practical, during her three years' service, to a nurse at the Hope Hospital, Salford. The award is made in commemoration by Mrs. Ingleby of her services on the Salford Board of Guardians, and this year Miss Elsie Ball was the happy recipient of the honour. Mr. F. W. Blacow, chairman of the committee, and other members, spoke in warm terms of praise of Miss Ball's record during her term of training.

On Wednesday, July 17th, the Civic Exhibition was opened in Dublin by the Lord-Lieutenant, who delivered a message from the King to say that the undertaking had His Majesty's full sympathy. The Exhibition is very comprehensive, and naturally the Irish Nurses Association, of whose enterprise and resource their colleagues in other parts of the United Kingdom had such signal evidence last year, are taking part, arranging both a general and a maternity exhibit.

A nursing magazine which is always welcome is La Soignante, the Bulletin of the Association of Certified Pupils of the Nursing School of the Assistance Publique at Paris, devoted to technical and professional questions and edited by the members of the Association. In the first place, is there anyone who attended the Nursing Conference in Paris in 1907 who has not a very warm corner in her heart for the pupils of this school—and secondly because the magazine is so beautifully produced.

The present issue gives a short epitome of the work of the Association.

Amongst many items of interest we notice that the Association has adopted a uniform
bonnet for the use of the members, and distinctive of certificated members of the Association, a note on anti-typhoid vaccination, and another on the role of the dispensary nurse.

One of the ways in which the Paris School helped the more recently established one at the Hospital of St. John at Brussels was by sending thirty of its pupils and former pupils there for three months in order to allow the Belgian nurses to take their annual holiday. They were happy, so the article states, to show to foreigners that the French nurse is worthy to rank amongst the nurses of the world, and that she can be depended upon as much from the point of view of technique as of devotion to duty.

It is also recorded, with much gratitude, that during the serious illness of Mlle. Sabatier, during her course of study at St. Bartholomew's Hospital, London, she was surrounded with the greatest care. Each day telegrams put the School au courant with her condition, the nurses treated her as a sister, and all her colleagues have been profoundly touched. La Soignante bears testimony to the solidarity which, beyond the Channel, unites French and English nurses, as we can also testify.

We regret to learn that Miss Tindall is still warded in the Sisters' Bungalow of the J.J. Hospital at Bombay, and is very seriously ill. She greatly appreciates all the devoted care she is receiving.

Rules have been drawn up for the examinations for certificates of Indian nurses in South Indian Mission Hospitals, and were read and adopted at the South India Medical Missionary Association at a recent Conference at Kodakanal. Every nurse will be required to pass two examinations, which include written and practical tests, in general nursing and elementary physiology, and also in advanced medical, surgical, and obstetric nursing, physiology, and hygiene. An additional paper on Midwifery will be given to those who have studied the subject. The National Associations of Superintendents and of Nurses are beginning to show wonderful results—and the training of Indian nurses is one of the most important results of such organization. The Nursing Journal of India is helping along good work in every direction—and proving how beneficial it is for nurses to control an organ in the press—from commercial interests, and resulting misrepresentation.

Dr. R. C. Thomas, Medical Missionary to the Philippines, writing in The Modern Hospital, states that in 1906 the first Nurses' Training School in the Philippine Islands was organized in the Union Mission Hospital. To-day this school has grown to a nursing force of twenty, and the other helpers include ten male assistants, a housekeeper or market woman, an office and a dispensary clerk, four laundresses and a yard boy, making a total of thirty-eight. With the two American doctors, and two American nurses, the array becomes fairly formidable for a little hospital of 60 beds on the "rim of the earth" or "off the map," as some would put it. The training school has already celebrated three graduation exercises, and launched nine little Filipino nurses upon the world after a course of three or more years' training. A member of the first
graduating class is still in the hospital, and she has become a most useful member of the force as head operating nurse. She has absorbed something of the dash and energy of the American nurses, all of whom have had excellent training in American hospitals, and have given themselves heartily to the work of training their little brown sister in their profession. It is astonishing to see how the personality of these American nurses has stamped itself on these Filipino girls, who become more energetic in their work, and even brighten up their countenances by associating so closely with American women.

PRESENTATIONS.

Miss M. Hitch, who has resigned the appointment of Queen's Nurse at Portslade after a decade of work, has been the recipient of a handsome gold watch and chain bearing the inscription "Presented to Miss M. Hitch, Queen's Nurse, Portslade, 1904 to 1914, by her friends and grateful patients," with an album containing the names of about 350 subscribers. The presentation was made at Loxdale, the residence of Mr. and Mrs. Walter Mews, by Mrs. Herbert Mews, the Hon. Secretary, in the presence of a large company. Mr. Mews, in extending a hearty welcome to those present, said that when first it was proposed to have a Queen's Nurse there were not wanting those who prophesied disaster. The Rev. Vicars A. Boyle said he well remembered at the inaugural meeting one of these critics said they did not want a trained hospital nurse, but a nice motherly woman who would go down on her knees and scrub the floor. Portslade was full of nice motherly women who would help their neighbours, but they had not got the skill of the trained nurse who brought science and knowledge and skill to nursing. Most of those present knew the splendid work Miss Hitch had done in the ten years; she did a great deal more than skilled work in patients' houses. She was a missionary of health, teaching the people how to preserve their health, and raising the standard of life right through the district. For instance, the infant mortality in the district had steadily decreased, and he believed the work of the Queen's Nurse was a very important factor in securing that decrease.

Miss Hitch briefly and appreciatively acknowledged the gift.

Nurse Stoyle, who has worked under the Cornwall County Nursing Association since 1904, has been presented on leaving her district with a silver kettle on stand; a silver tea tray, cream jug, and sugar basin; a case of fish knives and forks; a purse, with £8.

These gifts were made in appreciation of loyal and devoted services.

REFLECTIONS
FROM A BOARD ROOM MIRROR.

On Saturday, July 18th, the King Edward VII. Memorial Nurses Home, connected with the Bolton Infirmary, was opened by Sir Thomas Erskine. The Home, which affords accommodation for eight sisters and thirty-two nurses, in addition to the Assistant Matron, has been built at a cost of £10,000. In addition to the dining and sitting rooms, a writing and a sick room are provided, and each nurse has her own bedroom, comfortably furnished, quiet, and home like. In the entrance hall two marble tablets have been placed, on which are recorded historical facts of importance and the names of those responsible for carrying the scheme into effect.

It is announced that Mr. Edwin Tate, of Park Street, Park Lane, has made to St. Bartholomew's Hospital a gift of £5,000, the income of which is to be employed "to assist necessitous persons to obtain artificial teeth."

A most wise gift. The new fund should reduce the amount of general disease which springs directly from septic conditions of the mouth.

The Royal Hospital for Diseases of the Chest, City Road, E.C., this year celebrates the hundredth year of its existence, and is issuing a Special Appeal for £60,000 to provide for the general purposes of the hospital, for additional research work in tuberculosis and other diseases of the chest, and for the modernisation and enlargement of the In-patient Department. The hospital was the first in the world to be set apart for the study and treatment of diseases of the chest.

Last week the foundation stone of the East Sussex Hospital new buildings at Hastings, was laid, with full Masonic rites, by the Right Worshipful Provincial Grand Master of Sussex.

A further gift of £10,000 has been made to Cardiff Medical School by an anonymous donor who has previously given sums equivalent to £90,000.

THE ROYAL INSTITUTE OF PUBLIC HEALTH.

The Council in pursuance of the terms of a Trust, which enables them to award annually a Gold Medal to a Public Health Medical Officer at Home or Abroad, in recognition of conspicuous services rendered to the Cause of Preventive Medicine within the British Empire, have conferred the Medal for 1914, upon James Niven, Esquire, M.A., M.B., LL.D., Medical Officer of Health for the City of Manchester.
AN HEROIC MISSION.

BY FELIX J. KOCHE.

It's a far, far cry, indeed, from the simple Moravian missions to the Eskimo on the coast of Labrador, a thousand miles north of St. John's, Newfoundland, and from the summer cod-fishing settlements on the fiords, or tickles, eating their way into this desolate coast; and, again from the trading posts of the Hudson Bay Company, to which trappers gravitate from untold miles of wild to the heart of American civilisation. Yet it is here that Dr. and Mrs. Grenfell, the latter a Bryn Mawr graduate, find the scene of their nursing endeavours.

Arrived here, the fishermen erect or repair their curious summer-homes. Wood is exceedingly scarce on this part of Labrador, the thickest tree trunks are about the diameter of a fishing-pole, and these thin-trunked trees then are gathered in the mountains behind the shore and set up into homes. Usually a number of them rise, upright, from the rocks of the coast, to support a platform, this in order that the fish may be raised directly from the punts by bucket and windlass to the curing house. The weather is cold and miserable here even at best, and so the workers at the fish strive to shelter themselves to the utmost. Over this framework, this platform, an ark-shaped structure, is built, its walls chinked with earth, its roof covered with sod, to keep out the cold. Down the centre a rude passage runs; at either side there are tables on which the fish are cut and cured.

Behind this fore-room, which may extend on to shore, comes a second chamber. Usually, though, this "residence room"—for that is what it becomes—is a house to itself, a few yards back on the shore. Whate'er, it, two, is quite as crude, built likewise to exclude all air when desired. Early each morning, weather permitting, men and boys at such colony go out to sink the heavy cod-trap or to raise other of these traps and take in the heavy catch of fish. Meanwhile "schooner girls," so called—summer substitutes for wives—tidy up the cabin—as a fishwife

GATHERING DRIED COD.

Dr. Grenfell's hospital work has indeed been a unique one. For a thousand miles and more, north of St. John's, Newfoundland, the Labrador coast is tenanted in the brief summer by some 30,000 odd ignorant fishermen, come up to take the cod that feeds the world. Most of these folk are financed by wealthy concerns of Newfoundland, who own the schooners, bringing them out and their stock of scanty food supplies to last the summer; fit them with cod traps and bait, and accessories for salting the fish and packing, and then carry them to appointed spots where fishing is good—so many at this point, and so many at that, so many at the other.
considers tidying—prepare the meals, and get busy at cleaning and curing. These fisher-folk are paid by the "lay" or share, and the more cod they have ready at the season-end, when they'll be called for by the schooner, the better for all concerned.  

In bad weather when the storms rage about and the giant icebergs come drifting down, blocking all exit from the tickle, and when one can't even see the whales "blowing" in the fog, the fishermen also lend a hand. It is so cold then that every cranny is chinked against the outer air, while a great stove roars at centre of the curing-barn, with the sticks and the brush from the pseudo-forest kept handy, and in plenty, for just such a time. More than that, there may be eight, ten, twenty people at work in that one little chamber, and rest assured it gets very warm inside very soon.  

Here then comes the occasion for Dr. Grenfell's labour. Ninety-nine per cent. of the fisher-folk are malignant consumptives. Those who are not, come to contract the white plague very soon. For three, four, five days fog and storm may lock that band in that one room, or in it and the dwelling chamber, and while the fish begin to decay at times beneath the heat, while the gills, the blood, the other useless parts dropped into the sea below, presumably, but left, spattered about, by the heedless, fill the air with their microbes of decay, the fisher-folk sing and joke and clean the cod and breathe in the deadly tubercle. By and by there is hardly a person in the colony that is not seized by the white plague.  

Of course the fish-wives have their trusted remedies, water boiled with rape, and so on, but actual physician there is none. Every fortnight, weather permitting, the mail boat passes up the coast. There is a government physician aboard and the vessel must stop wherever hailed and wait until he has finished his duties. This is a part of its heavy mail contract. When the doctor comes he leaves medicine for this, that, and the other phase of the trouble. With other diseases, other illnesses, he leaves exact prescriptions, to be given if it grow better, grow worse, to relieve the dying. Then he is off, and two weeks later he will return. Picture yourself at the bedside of a loved one lying in delirium, with the doctor two weeks' distance away, that is the Labrador.  

Hence Dr. Grenfell's mission. Through heredity and effort he has had established on the coast three or four mission hospitals, open to the poorest. One of these, at Battle Harbour, recollect, was the point from which Peary flashed the news of his Polar discovery.  

More important still, the doctor has a floating hospital, a speedy ship built especially for this wild and tortuous coast, in which he cruises up and down. Naturally his visits, too, must be intermittent, and he too can only leave drugs for better and for worse. But he isn't bound to a set course, as is the mail boat; he goes much farther north and south, deeper into the hordes. He can stop a day, two days, as long as he chooses, and he can "back-track" to revisit a very sick patient, if he find the need. Hence it is that Grenfell has become the good angel of that lonely desolate coast.  

Norman Duncan, who knows the Labrador best, next to Grenfell and its own folk, perhaps, of any man alive, says of the Doctor's perilous, self-imposed mission, repeated by him summer upon summer:—  

"When the wind was in the north-east, when it broke swift and vicious from the sullen waste of water beyond, whipping up the grey sea, driving the vagrant ice, spreading clammy mist over the rocks and rocky headlands of the long coast, our harbour lay untroubled in the lee of God's Warning—We were fended from the southerly gales by the massive, beetling front of the Isle of Good Promise, which, grandly unmoved by their stunning rage, turned them up into the black sky, where they went screaming northward, high over the heads of the white houses huddled in the calm below, and the seas they brought, gigantic breaking seas, went to waste on Raven Rock and the Reef of the Thirty Black Devils, ere their strength spent, they growled over the jagged rocks."

That's the land in which the Doctor labours, spending his time and strength on an untutored, simple folk, who look upon him half in reverence, often half suspicions of the remedies he prescribes. How many lives stand to his credit none may estimate. How much suffering has been relieved, how much pain spared, none can faintly reckon. Whatsoever, Grenfell is the good angel of all the colony; and few men can tell such interesting tales from their own careers.  

The Duke of Connaught paid a visit on July 30th, to St. Anthony, the headquarters of Grenfell, of Labrador," where he visited the hospital, orphanage, and other Mission buildings, and saw a herd of 1,200 reindeer. At Blanc Sablon at the western end of Belle Isle Strait his Royal Highness saw all the processes of catching and curing cod-fish.  

THE PASSING BELL.  

One of those who lost her life when the Empress of Ireland sank was Miss Alice Riddell, who for over seven years had been nurse on the ship, and whose record is one of faithful and devoted service. That her work was appreciated was evidenced on the day of the funeral, when a beautiful anchor of flowers bore the simple inscription: "For Nurse Riddell. From the Survivors."

A large body of nurses from the General Hospital, Nottingham, on Saturday last attended the funeral of Sister Elizabeth Thornley, who for thirty-four years was in the service of the institution. The interment took place at the Church Cemetery, and in addition to the Matron (Miss Knight) there were also present many officials of the hospital, to pay the last tribute of respect to one who had for so many years rendered devoted service to the sick within its wards.
ROYAL COMMISSION ON VENEREAL DISEASES.

At the forty-fourth meeting of the Royal Commission evidence was given by Mr. J. E. R. Macdonagh, one of the surgeons at the Lock Hospital, and by Dr. Parker, representing the State Medical Service Association.

Mr. Macdonagh said that at the present time the education of medical students in regard to venereal disease was quite inadequate, and it was very important in his opinion that compulsory clinical education of students in venereal disease should be adopted. He considered that widespread clinical experience would render public laboratories for the carrying out of bacteriological and other methods of diagnosing syphilis superfluous.

The important thing in dealing with syphilis was to treat cases at the earliest possible moment, and these early cases could be diagnosed with greater certainty by clinical than by pathological methods. A negative Wassermann reaction in early syphilis did not exclude the disease, and if treatment were deferred until the reaction became positive, the golden opportunity of cure was lost, however energetic the treatment might be. Syphilitic sores, moreover, frequently existed in which spirochaete could not be found.

Mr. Macdonagh was of opinion that syphilitic nervous lesions were steadily on the increase, and he considered that the spasmodic administration of Salvarsan commonly practised in this country was likely to lead to a further increase. This spasmodic administration of the drug, moreover, gave a false sense of security and therefore rendered patients a greater danger to the community.

He advocated that the Lock Hospital should be enlarged. The number of patients attending the hospital was steadily increasing.

Mr. Macdonagh thought that medical research had been very insufficiently supported by the Government and that much more might be done in this direction; he suggested that it might be an advantage if payment were only made for results. Mr. Parker maintained that by the establishment of a State Medical Service many difficulties now connected with the treatment of venereal diseases could be overcome. It was essential that treatment should be efficient and confidential, and in the last resort compulsory, and that the Medical Officers of Health should be in touch with all cases of venereal disease. Efficient treatment would be procurable for the whole State Service and would be open to all sufferers. The treatment would be confidential; there would be no special service of medical practitioners set aside for dealing exclusively with venereal diseases, by consulting whom patients would at once declare to the world at large the nature of their complaint. The size of the State Medical Service, its large and manifold functions, its large and specialised staffs would render it impossible for the public to suspect the reasons which led the patient to ask advice. The treatment of venereal disease would be but a part of the preventive and curative treatment offered to all sufferers alike under a State Medical Service.

No action whatever would be taken on the part of any public authority as long as a patient attended regularly and carried out the instructions of his doctor; but in the event of his failing to do so he would be proceeded against as a public danger in the same way as is done in the case of ordinary infectious diseases.

Mr. Parker considered the difficult question of notification would be solved under a State Medical Service. Notification, in the sense of a notice sent by a private practitioner to the Medical Officer of Health, would become unnecessary, for all patients attending a State doctor would be registered with the history and nature of their complaint, and to those persons the Medical Officer of Health, who would represent but another part of the same Service, would have daily access. In the event of there being a body of private practitioners outside the Service there should be notification of venereal disease either by name or number, and the Medical Officer of Health would then satisfy himself that the necessary treatment was being carried out by the patient. If this were not so the name of the patient would be declared and he would be transferred to the charge of the State Medical Service.

In order to obtain reliable statistics as to the fatal results of venereal diseases and their sequelae it might be advisable to have a dual system of Death Certification, one for the purposes of the State Medical Department, giving the fullest details as to the primary and secondary causes of death, and the other, avoiding all facts which might cast a slur on the memory of the dead, to be handed to the relatives of the deceased.

At the forty-fifth meeting the Headmasters of Eton and Rugby appeared before the Commission.

They considered that the ideal was that boys should be instructed in matters relating to sex by their parents, but their experience shewed that that method was not likely at the present moment to be successful to the extent that it was desirable. Instruction at school should be given with much caution and it should be the responsibility of the headmaster to give it or to see that it was given.

A propaganda based solely on hygienic principles would not bring in the chivalrous appeal which was necessary and was not likely to succeed. At the same time hard exercise, hard work, wholesome society and moderation in diet and drinking were safeguards against indulgence.

At the same meeting Dr. Santoliquido, formerly Director General of the Public Health Department in Italy, gave an account of the administrative methods adopted with regard to venereal diseases in that country.

Messrs. W. & G. Foyle, 121-123, Charing Cross Road, W.C., make a speciality of nursing books, second hand copies of which can be obtained at half price.
THE REGISTRATION OF NURSING HOMES.

We refer on page 91 to the proceedings before the Local Legislation Committee of the House of Commons in reference to the registration of living-in homes proposed by the London County Council. Part V. of the Bill, concerning which evidence was offered on July 14th, deals with the Nursing Homes and Massage establishments. Mr. Clode, K.C., who opened the case, said that the Council sought the power of registration, inspection, and regulation by by-e-law. He stated at once that it of course recognised that many nursing institutions were doing a beneficial and useful work in London, but they could not be blind to the fact that some were putting out advertisements which led them to suppose that something more than medical treatment was being provided for them. Also an extraordinary variety of treatments was given at the same address by the same person—massage, musical lessons, fencing, dancing, foreign languages, furnished apartments, all advertised as being given at this obscure address in some shabby part of London.

In 1913 the Council received a communication from the Commissioner of the Police inviting its serious attention to the fact that many establishments where massage, manicure and electric treatment were undertaken were no more than disorderly houses.

The result was that the Council proposed to introduce a Bill dealing with the question, and the Bill, as introduced, contained the proposal that the powers sought should be exercised by the County Council.

Council mentioned that certain Borough Councils desired that they should be the registering authority. A great deal of dissatisfaction was expressed by those who would come under this jurisdiction. The National Council of Trained Nurses of Great Britain and Ireland expressed by resolution its indignation and regret that it was proposed to transfer the powers of administration to the Borough Councils as an extension of their powers under the Disorderly Houses Act, and petitioned the County Council not to cast so grave a slur on a section of the nursing profession which is rendering indispensable service to the public. The Incorporated Society of Trained Massagists also objected to the duties of registration and inspection being devolved to the Borough Councils, and a further petition was received from Matrons and Superintendents of Nursing Homes.

In conclusion, Mr. Clode submitted that the evidence which would be called was overwhelming, that something must be done in the interests of public morality.

The first witness called was Mr. Percy Simmons Vice-Chairman, and at one time Chairman, of the Public Control Committee of the L.C.C., who stated that there were a large number of well conducted establishments which welcomed the council's proposals. The witness gave an instance of a girl employed at a genuine nursing home who went to what she believed to be a genuine massage establishment, but was used for purposes of prostitution. There were seven girls in the place and they received five shillings a week from the proprietress, subject to fines. She never charged less than a guinea for each man that a girl attended to. Sometimes a girl attended five a day.

The testimony of Mr. Simmons and of other witnesses was conclusive that there was no evidence that the great majority of nursing homes were carried on in other than a proper manner. They were not originally included in the scope of the Bill, but it was suggested by the Chairman of the Parliamentary Committee that unless they were so included all these places would call themselves nursing homes and the legislation would be useless.

The Hon. Frank Trevor Bigham, who gave evidence on behalf of the Commissioner of Police, drew attention to the case of Queenie Gerald, who advertised "Hospital trained nurses in attendance." Another case was that in which two respectable girls were sent by an employment agency to one of these establishments. The proprietress told them that her "nurses" got roughly £10 to £20 a week in tips. She further told one of the girls she would have to wear a nurse's uniform. She had had two nurses, but she had to make a change, and get fresh faces.

Mr. Bigham said the police had no information whatever as to any nursing home having been improperly conducted.

Other witnesses were Miss Lucy Robinson, one of the founders of the Incorporated Society of Trained Massagists; Miss K. M. M. McGuinness, an inspector of employment agencies, and Mr. John Hunt, Town Clerk of the City of Westminster, who said that they had unfortunately a large number of brothels of various kinds in the City. They had a special watcher and other officers, but they had not had a single instance of a nursing home being used for the purposes of prostitution.

THE "TABLOID" TRIANGULAR BANDAGE.

One of the latest "Tabloids" put upon the market by Messrs. Burroughs Wellcome & Co., who have achieved a well-deserved fame for their Tabloid products is the "Tabloid" Triangular Bandage, which is compressed into the size of a match box so that it can be carried in the pocket of the first-aid man without inconvenience. It is customary to print illustrations representing the method of application upon the bandage. In connection with the "Tabloid" triangular bandage a striking advance has been made in their quality and clearness. They are plain, precise, complete, and in accordance with the latest practice. The retail price of this bandage per packet of two is 1s. 6d., and for the sterilized variety an extra penny.
OUTSIDE THE GATES.

WOMEN.

The Annual Meeting of the National Council of Women of Great Britain and Ireland will be held in the Victoria Rooms, Bristol, on Thursday, October 15th; on the Agenda of which there are down a large number of resolutions for discussion.

Mrs. Bedford Penwick will propose on behalf of the Legislation Sectional Committee and Mrs. George Cadbury will second:

"That the National Council of Great Britain and Ireland re-affirms its resolution passed on October 11th, 1908—that it is desirable, both in the interests of the professional status of trained nurses and the public, who use their services, that provision should be made for their registration by the State; such registration to be under the supervision of a Central Board, upon which nurses shall have direct representation."

"And further, that in view of the majority in favour of the first reading of the Nurses Registration Bill, 1914, the Prime Minister be respectfully urged to grant facilities for a similar Bill next year."

Another important resolution expresses its conviction that "the presence of suitable women on the Boards of Management of all hospitals, sanatoria, asylums, dispensaries and nursing institutions is evidently necessary in the interest of the patients, of the nurses, and of general efficiency."

Indignation and keen disappointment will be felt by thousands of women at the refusal of the House of Lords to support Clause 1 of the Bishop of London's Criminal Law Amendment Act, which raised the age of consent on the part of a girl in a case of criminal assault to 18.

The Lord Chancellor moved to omit this clause and substitute another providing that any person over the age of 16 who commits an act of gross indecency with a girl of the age of 13 or over, and under the age of 16, shall be guilty of a misdemeanour and liable to imprisonment, but only on the evidence of one person, corroborated in some material particular.

The Bishop of London said he could not accept the amendment, and gave, amongst other grounds, the large number of associations (400) who have petitioned in favour of the original clause, and the fact that the new clause watered down his own proposal. These cases were seriously increasing. Mrs. Bramwell Booth reported that the Salvation Army had dealt with 310 girls under 16 who had been assaulted in twelve months, and the National Society for the Prevention of Cruelty to Children recorded an average of 400 of similar age for a number of years.

Only 12 peers voted for the original clause—52 voting against it.

The Lord Chancellor's new clause was then agreed to without a division.

In reply to Mr. Ramsay Macdonald, Mr. Asquith said, in the House of Commons on Monday, that any funds available for grants to institutions of the nature of baby clinics and infant dispensary whose primary object is to provide medical and surgical advice and treatment for infants and little children, will be administered by the Local Government Board. Grants to institutions of the nature of schools for mothers, the object of which is primarily educational, which provide training and instruction for mothers in the care and management of infants and little children, and which may include systematic classes, or home visiting, or infant consultations (the provision of specific medical and surgical advice and treatment, if any, being only incidental), will be administered by the Board of Education. Any cases of doubt or difficulty will be investigated by a Joint Committee of officers of the two Boards, which will include women medical officers.

BOOK OF THE WEEK.

"THE LOST TRIBES," *

One must be amused in a world that is too often sad, and Mr. Birmingham is the man to do it. Inconsequent, improbable, and anything else you like—"The Lost Tribes" is a very clever and distracting book. We all know it takes a clever man to be a fool.

But how convey in a short notice the elusive gaiety of its style, or to sum up the *raison d'etre* of its production. "Druminawona," said Mrs. Dann, "is not the place where a real fashionable costumer would be likely to settle down. Wait till I get one of those London shops on the end of the cable. I'll fix you up." Druminawona was a remote village in Galway, and Mrs. Dann—"Sally May"—had come from New York to visit her relatives, the rector and his daughter Delia. Once there she conceived the idea of booming "Druminawona into European celebrity."

To the Roman priest and Protestant rector, who were excellent friends, she explained herself. "Druminawona is worth half a million any day if it's worked right."

"If it's lace making," said the priest, "or if it's cooking classes for the young girls—"

"You've not quite caught on yet, Father Roche," said Mrs. Dann; "my notion is, the name of the place is good for a big pile as soon as we put it on the market. As the home of the 'Ten Lost Tribes,' and the scene of a real medieval miracle play."

This notion having fired Sally May's lively imagination, she proceeded to look for types and to shape out the scene of her play. The fusing of New York fashion with remote North Ireland is too delicious.

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.

EXPRESS TRAINING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Will you allow me to express my sympathy with "K. S.", although I have not the honour of being a member of the nursing profession. I am a so-called nursing officer of the St. John Ambulance Brigade, and I am glad to know that "K. S.'s" experiences are not shared by the nurses at all hospitals at which members of the Red Cross Voluntary Aid Detachments, and St. John Ambulance Brigade, are allowed to work, as at the one at which I spent several weeks I was in every way treated as a probationer with regard to the work, and at two other hospitals women I know were taken on exactly the same terms.

I think that this is as it should be, as the services of even a raw probationer must be of some value to an under-staffed hospital, and I feel sure that few nurses will resent women gaining a little experience of hospital life if the latter are willing to do a fair share of the drudgery. Such a system may, and probably does, sometimes lead to the three years' training being taken, although of course only the strongest of the strong can endure for any length of time the strenuous life of a probationer.

Yours truly,
E. T.

WHY SHOULD IRISH NURSES WAIT?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I quite sympathise with the Scottish nurses who have written to our JOURNAL wanting to know why they should be kept waiting for State Registration, when nearly everyone connected with nursing in Scotland is in favour of it, because a few London Hospital managers, and the matrons trained by them about the country, are opposed to organisation and legal status for nurses. I was present at our annual meeting and interested to hear Miss Haughton's remark that if the Irish had Home Rule the nurses might have State Registration in Ireland next year. Indeed, why should Irish nurses wait? They are all in favour of it, and the Nationalist party redeemed their promise to us most loyally on March 3rd, whereas the Unionists, with four exceptions, failed to be there "when the bell rang," according to the lists, for and against, published in THE BRITISH JOURNAL OF NURSING. We Irish nurses have been working and paying for this reform for years, and it we are going to be held up by "perfidious Albion" much longer we had better begin working for Home Rule in our profession.

Yours truly, PADDY.

She thought there was in the name "Drummavona" a spaciousness which leaves the imagination room to saunter round. There's nothing in Europe to touch it.

"When Bobby Sebright comes along — said Mrs. Dann.

"Will he have time?" said Mr. Mervyn.

"You told me he had to write about Irish politics."

"Bobby Sebright will make time if I tell him to," said Mrs. Dann.

"If he can't do that itself," said Father Roche, "he can borrow it. There's plenty here. I don't know but Mr. Mervyn and myself could make up a week for him between us, and not miss it when it was gone."

Having once chosen her amphitheatre, the next question was how to attract and convey them to the spot. "The jaunting car," said Mrs. Dann, "is your national vehicle, and I guess it's got to be there in considerable numbers."

"I am not sure," said Father Roche; "would there be that number of horses about the place?"

"What I'm figuring on," said Mrs. Dann, "is donkeys."

Mr. Mervyn, the dreamy old Wordsworthian scholar, and Father Roche are both delightfully drawn.

Father Roche is of opinion that "girls is the terror of the world" (referring to Onya Donovan, the servant of Mr. Mervyn). "If you did right, you'd take a stick to her. A stick is the only way I know of putting the fear of God into those ones."

The Bishop came over unexpectedly on purpose to put a stop to the miracle play.

"Bobby, ring the bell, the Bishop will dine," "Madam," said the Bishop, "I thank you for your hospitality, but I have come to talk to Father Roche."

"You leave me to manage the Bishop," said Mrs. Dann. "I reckon he wants his dinner same as any other man. Sanitary is a first-rate thing, and I appreciate it when present in unusual quantities, but bishops just have to eat if they don't want to die."

To copy Mrs. Dann, this book is "just screaming," but we regret some quite unnecessary irreverences.

H. H.

WORD FOR THE WEEK.

Whatever you are, be that:
Whatever you speak, be true;
Be honest; in fact, be
Nobody else but you.

One must see visions and dream dreams
Before great facts come into existence.

The woman who would be a success as a nurse needs the combined qualities of a trained mind, capable hands and body, and all must be dominated by the soul."
TRAINED NURSES FOR ULSTER.

To the Editor of The British Journal of Nursing.

Madam.—We are in great need of more trained nurses to work in Ireland in case of trouble. We are offering no payment, but will pay passages for those who cannot afford their own, and Ulster is offering board and lodging.

We particularly want nurses who can take charge of small hospitals and dressing stations.

Precautions are taken against a panic mobilisation, as many of our Volunteers would be giving up posts in order to go. We have no expenses at present beyond stationery and postages, as the office is lent and the staff is voluntary.

Large amounts of medical and surgical stores have been ordered provisionally to be delivered at twelve hours' notice if required.

Katharine Furse.

Ulster Hospital Corps,
112, Beaufort Street,
Chelsea, S.W.

THE DUTY OF THE EXPECTANT MOTHER.

To the Editor of The British Journal of Nursing.

Dear Madam.—May I ask you to reply to the following in your valuable paper?

If a pregnant woman indulges in excessive smoking, say from twenty-five cigarettes a day, is there any danger or complications attached to the child?

Yours faithfully,
(Nurse) S. A. Cross.

King's Lynn.

[If the smoking of twenty-five cigarettes a day injures the health of the pregnant woman—and such a number is excessive, especially if the smoke is inhaled—it would naturally be injurious to the fetus. It is the duty of the expectant mother to regulate her diet and habits on approved hygienic principles, and the absorption of nicotine poison should be studiously avoided.—Ed.]

HORSES IN SUMMER AND THE MADDENING FLIES.

To the Editor of The British Journal of Nursing.

Madam.—Allow me to point out that horses turned out to graze will improve much faster in condition if they are brought into a slightly darkened stable for the hottest hours of each day and are turned out again at dusk.

Flies torment horses and colts, cause them excessive irritation, keep them continually on the move, and pull them down in condition.

But flies keep in the sunshine, and will not enter a stable with the door kept closed and the windows shaded with canvas.

The advantage is great, the expense trifling—one small feed at midday will suffice: corn, or scythe-cut grass; not lawn-mowings—and the trouble is only slight, as horses appreciate the freedom from their fly-tormentors, and will quickly learn to come up to the field-gates of their own accord each morning when the sun becomes hot or the day proves thundery.

Yours, &c.,
W. C. J. Norris
(for the Animals' Friend Society).
Pulborough.

REPLIES TO CORRESPONDENTS.

Sister G.—Extended nursing education is so costly that we can do with all the money for endowment purposes that we can collect. When our nursing schools are managed by persons who understand the rapid evolution of the technique of nursing, much more money will be specially devoted to this purpose. Greatly obliged to you and your friend for helping to collect for the Nurses' International Memorial to Miss Nightingale. Small sums and many of them will soon show a handsome total.

Sister S. T. (Birmingham).—We think your idea a very good one. The more co-operation the better: although, in our opinion, complete professional organisation is not possible until we stand firm on legal status—that is, until the Nurses' Registration Bill becomes law, and "antis" no longer exist. At present the nursing world in England (not in Scotland and Ireland, where, with few exceptions, matrons and nurses stand together in support of legislation) is divided, and any union which assumes to organise from a national standpoint must fail unless it stands for one policy or the other, because our generation is in a transition stage. We are the organisers of the profession of nursing and in co-operation cannot ignore this fact by any amount of sophistry. Social functions no longer satisfy the aspirations of the co-operative spirit.

Nurse May.—The address is Archer House, Ramsgate.

Infirmary Matron.—Why not place your views before the Executive Committee of the Central Committee for State Registration, 431, Oxford Street, London, W? It meets quarterly.

OUR PRIZE COMPETITIONS.

August 1st.—Describe the nursing of a case of scarlet fever. What complications may occur, and how would you endeavour to guard against them?

August 8th.—Why are Flies dangerous to health? Describe how to prevent their multiplication, and how best to exterminate them?

August 15th.—Name three different channels of elimination by the body, and the functions of the organs connected with each.

August 22nd.—Describe the Hydro-Therapeutic treatment of high temperature in pneumonia.

August 29th.—State what you know about Pemphigus, and the midwife's duty in connection with it.
The Midwife.

THE TRAINING OF NURSES IN THE CARE OF SICK CHILDREN.

Miss Ella M. Railtge, R.N., of the Illinois Training School, Chicago, in an interesting paper on the above subject read before the Illinois League of Nursing Education and published in the American Journal of Nursing, says of the Duty rooms and their equipment:

The tub bath is dispensed with, and in its place is used the spray bath. In the absence of the well-regulated tank with spray attachment something quite as good but not quite so convenient may be improvised. Over the bath tub two bathing boards may be placed, one at each end and slanting a little towards the centre to promote drainage. If the tub is a low one the boards may be built up conveniently high that the nurse’s back may be spared. The boards are covered with rubber-covered pads. Instead of the water tank, then, we have an irrigator with the spray attached. After the child has been bathed on the one board it may be placed on the dry one for the remainder of its toilet.

The supply of toilet articles should be at convenient range, and should consist of sterile boric solution, olive oil, cotton pledgets, mouth swabs and applicators. The best soap to use is probably the pure castile made up in solution, as there is a certain degree of danger in the soap bar that goes from one bath to another. A pair of small, blunt-pointed scissors, orange-wood stick in peroxide, and individual combs in addition to the above will comprise the necessities for ordinary use. The table containing the towels, wash-cloths, and wearing apparel should also be close at hand. The weighing scales are an important accessory. Paper sacks for reception of soiled applicators, pledgets, &c.; receptacles for soiled linen, a separate one being used for napkins soiled with stool, are convenient and desirable.

Daily Care of the Babies.—The babies under two years of age are weighed each morning before the first morning feeding is given. The gains and losses occasion a great deal of interest, since a gain of even a small fraction of an ounce in twenty-four hours gives rise to hope, where the little patient has had repeated losses for some time. Frequently the loss of weight may be general, each baby losing more or less. It has been observed that such a change usually follows a damp, raw day. Then again, following a bright day with clear atmosphere, the babies may all show gain, from which facts the conclusion has been drawn that the babies are influenced by outward conditions. The nurses are taught what relation the bath hour should bear to the giving of diet, although where there are many babies to bathe in one morning it is impossible to observe that rule.

For the bath, the babe is placed on the bathing board, the head and face first receiving attention; soap is not used on the face unless it be for the initial bath. The liquid soap is then applied to the body, and the spray is used for the rinsing. Needless to say, the babe does not voice his approval as he used to in case of the old-fashioned tubbing. After the drying of the body the baby is laid over on the dry pad and covered while attention is given to the smaller details of his toilet. The eyes are cleansed with sterile boric solution and cotton pledgets, the nostrils with olive oil and applicators; the ears are wiped out with the dry applicator, noting closely whether or not there may be discharge, for frequently the physician will ask about this while trying to account for presence of fever. On the towel table we have a jar of sterile mouth swabs or large-sized applicators, but they are not often used. The baby’s mouth is watched, but not washed unless there is indication. The theory is that the mouths that are washed are more likely to become sore than those that are not washed, this being due to the fact that in some parts of the mouth the circulation is very poor. This is especially true at the junction of the hard and soft palate, a place where ulcers easily form. The oil inunctions are not advised, since the oil is supposed to clog the pores. Powders are used only in the creases of the very fat baby.

With the boy babies, the nurse is taught the care of the foreskin, while with the girls she must be ever watchful for discharge, which may mean specific vaginitis. All discharges, either vaginal or eye, are to be reported at once, and smears made of some of them. The garments worn by the baby are few—in the hot days of summer, just the napkin and thin slip, and the baby is left to lie on its crib without so much as a sheet over it. In the winter time, the close-fitting knitted cotton shirt is worn, and the outing flannel slips are heavier. The bedding is adjusted accordingly, and the ex-
ternal heat in the form of hot-water bottles is kept at as even a temperature as possible when it is necessary to use them. In order to prevent burning from hot-water bottles, the water used should not be hotter than 115° F. Abdominal bands are not used except for young babies who still require umbilical-cord dressings, then a sterile soft gauze bandage is used to hold it in place.

After the bath the baby is placed in its clean, comfortable bed. The mattress is preferably made of hair, and is firm and level, the bedding light and adapted to the indoor temperature. A small feather pillow stands at the head of each crib, which to some extent serves as protection. The baby is not placed on it except for change of position, and this is one important point made in the nursing care of hospital babies; so many of them are debilitated, and are just in fit condition to develop hypostatic pneumonia unless this point is observed. If the baby is old enough and the doctor approves, it may be allowed to sit up in the corner of its crib surrounded by pillows for a few moments at a time. For older babies who are convalescent and who need to be encouraged to move about, placing them on a thick, soft pad on the nursery floor has brought results.

The elimination is an important thing in the care of all sick children, especially when it comes to the examination of the infant’s stool. Unless the nurse knows specifically what a certain stool means and how to describe it, her records are of little help to the physician. This is found to be one of the long-drawn-out lessons of the children’s ward. The nurse must first be taught what is normal for the normal breast-fed infant in order to make the proper comparisons. She should know that the breast-fed baby normally has two stools a day, while the artificially fed baby has but one. Often when a nurse has occasion to describe the infant’s stool for the first time she has no idea how to describe what she sees before her.

It is necessary to emphasize the significance of the frequency, colour, odour, consistency of the stool, and the fact that mucus in the form of balls is the result of peristaltic action, while if it is stringy it comes from the colon; that blood mixed with stool is due to ulceration at some point in the intestine, while blood on the surface indicates a hard stool, and may be caused by erosion just above or at the sphincter. Curds of different types mean different things; those from fat being white, granular, sand-like masses, or soft, yellow, flocculent masses; those caused by too much protein are large, smooth, bean-like masses. It is interesting to know that these protein curds will disappear if the milk is boiled, while if they should accumulate in the baby’s intestines they may cause obstruction. Colonic flushings of normal saline are given the babies only for the relief of colic or distension. If no stool has occurred in twenty-four hours the long glycerine suppositories are used.

From very sick babies all stools are kept for the doctor’s inspection, while from those less ill one specimen daily is enough. It would seem that the best way to preserve these specimens might be in a paraffin envelope, thus keeping the air out and the odour in. The label on the outside should bear the name of the patient and the hour at which the stool was passed.

ST. GEORGE-IN-THE-EAST AND WAPPING INFANT CARE.

On the afternoon of Saturday, July 18th, the eight Infant Consultation Centres belonging to St. George and Wapping met at their annual garden party in the Recreation Grounds. The invitations included fathers, mothers, and babies; several hundred mothers turned up, each with one or two babies, but the fathers were in the proportion of about one to seven. As this is probably the first time that both parents have been included in an invitation of this sort, the percentage is not so very discouraging.

The weather was perfect, and the mothers and visitors seemed to enjoy the flower show, the tea, and the photographs. But the treat of the afternoon was “the dancing on the green” of about forty children organised by Miss Potterill.

There were some depressing sights, but far more that were encouraging.

The number of healthy looking babies and happy mothers was very cheering, so was the rally of voluntary helpers, fifty to sixty, who have, since the work began, been loyal, cheerful, and inspiring friends to both mothers and staff. Amongst the new friends was Miss Macqueen, lately appointed Principal of St. Katherine’s College.

A mother, on leaving, voiced the sentiments of all the others: “We have had a grand time,” said she, “and please God we will meet again next year.”

REFUSAL TO SUBMIT TO INSPECTION.

The Midwives’ Act Committee reported to the L.C.C. on Tuesday that they had had under consideration the case of a certified midwife who has persistently refused since 1905 to submit to inspection. They recommended that it be reported to the Central Midwives Board, that a prima facie case of misconduct on the part of a certified midwife has been established in that she has persistently refused to submit to inspection.
THE LONDON COUNTY COUNCIL (GENERAL POWERS) BILL.

THE REGISTRATION OF LYING-IN HOMES.

By the courtesy of the Clerk to the London County Council, at the request of whose department we deferred dealing with the proceedings before the Local Legislation Committee of the House of Commons until we had the Council's official report before us, we are able to publish the following information in reference to the evidence given before the above committee in reference to its General Powers Bill so far as it affects Lying-in Homes in London. The Chairman on Wednesday, July 8th, Thursday, July 9th, and Tuesday, July 14th, was Mr. Middlebrook; Counsel for the Promoters of the Bill, the Hon. J. D. Fitzgerald, K.C., Mr. Clode, K.C., and the Hon. Evan Charteris, and Petitions against the Bill were read from the Corporation of London, the Borough Councils of Camberwell, Greenwich, Hammersmith, Kensington, Lambeth, Lewisham, and Wandsworth, and the Mayor, Aldermen and Councillors of the City of Westminster, all of whom were supported by Counsel.

Mr. Clode, K.C., in introducing the subject, described the Bill as "an omnibus Bill, comprising a good many parts dealing with various topics." He began with Part II., which refers to High-pressure Gas Meters, passing on to Part III., dealing with Music and Dancing Licences, and then to Part IV., "Lying-in Homes," with which this Journal is concerned.

LYING-IN HOMES.

Mr. Clode stated that the objects of this part of the Bill were that lying-in homes should be registered, that they should be inspected, and regulated by bye-law. The working of the Midwives Act, 1902, was given by law to the London County Council, and in the course of the investigations and inspections they had to make under that Act they became aware that everything was not as it should be in regard to lying-in homes. In support of this, Counsel made the following points:—They are ordinary dwelling houses, in most cases with no particular provisions, which are resorted to by people for the purposes of confinement, and when the Council made investigations they were rather appalled to find that there was no qualification of skill or training, or character required for anyone who might be the proprietor of a lying-in home. There was no standard as to what was requisite either for the premises as a whole, or the room in which the confinement might take place, and there certainly was brought to the Council's knowledge a great body of evidence that showed to the social and philanthropic worker that there were certain grave abuses connected with some of these establishments. In one case there was a proprietor of no less than four or five of these homes who was keeping a brothel, and the homes were used in connection with it and the poor people who came there for their lying-in were subsequently offered such temptations and inducements as would induce them to go and earn their livelihood at the other establishment kept by the proprietor. In some homes the hygiene conditions were most unsatisfactory, the rooms were ordinary, the furniture dirty, clothes were littered about, all sorts of offensive things were left in the room at the time of the confinement, and no steps whatever were taken to see that the patient had the accommodation which was absolutely necessary for her welfare. Tuberculous patients were mixed with untainted ones, healthy children lodged with unhealthy ones, and no steps whatever appeared to have been taken by the proprietors to see that the ordinary conditions of health which ought to obtain even with a slight ailment were extended to these women when they came to these homes for confinement. The registration of lying-in homes had already been recommended by a Departmental Committee appointed by the Lord President in 1900, and in consequence of that recommendation the late Lord Wolverhampton introduced a Bill to enable officers of local supervising authorities to enter premises which they had reason to believe were lying-in homes conducted for profit. Unfortunately that and a second bill were withdrawn. In May, 1913, a petition most extensively signed by workers amongst the poor was brought to the notice of the Council, and a deputation urged upon it that powers should be sought over certain persons who purported to be certified midwives, and were receiving expectant mothers for confinement, and who would afterwards retain them for immoral purposes, and that powers for regulation of lying-in homes should be given to the Council. The doubtful and difficult position of the unmarried mother under the National Insurance Act was urged as an additional reason.

Referring to the opposition of "a more or less friendly kind from the Borough Councils," Counsel said that the County Council was the supervising authority under the Midwives Act and the Infant Life Protection Act, and it would be a pity that the authority on a subject so germane as the Registration of Lying-in Homes should be taken from them and given to other alien bodies. Another objection was that if the work were given to the Borough Councils there would be twenty-five tribunals for registration and inspection, and twenty-eight different sets of officials. The Council had a staff competent to deal with this business, familiar with the working of the Midwives Act and the Infant Life Protection Act. The provisions of the Bill would also apply to the City of London.

THE CHAIRMAN OF THE MIDWIVES ACT COMMITTEE.

The first witness sworn was Mr. L. Courtauld, Chairman of the Midwives Act Committee under the London County Council, who stated that the object of the legislation contained in the Bill was to extend powers under the Midwives Act.

present they had the power to inspect the practice of any midwife, but had not the power to inspect any house unless to their knowledge a certified midwife or an uncertificated midwife was in charge of the case.

The gist of the petition before referred to was that it was necessary to obtain control over premises used as lying-in homes in order to safeguard unmarried mothers entitled to maternity benefit under the National Health Insurance Act, and to guard against the desertion of children after birth, indictment, and the evil influence of undesirable homes.

MRS. JAMES GOW.

Mrs. James Gow, wife of the Headmaster of Westminster School, who said she had had twenty-eight years’ experience in rescue and preventive work, stated that she thought there was a very crying need for the supervision of lying-in homes, especially since the passing of the National Insurance Act. She considered that the conditions under which the homes worked, and the secretive kind of method incidental to them favoured nefarious and irregular practices. She thought that by far the largest proportion of cases in these homes were those of unmarried women, and that a certain demand for concealment existed. People came from the country in the hope of concealment, so there were naturally more of such cases in London in proportion to those in other towns.

As proof of her contention of how necessary it was to do something to safeguard the unmarried mother in connection with the Insurance Act, the witness said that a co-worker with her on the Public Morality Council was talking to women who were working on the streets, and one of the older women told her that she intended to give up the life in order that when the Insurance Act came in she could take girls into her home. She mentioned the incident at the London Diocesan Council for Penal Work, and a clergyman present said he could confirm that from something which had come under his own knowledge in his own parish.

Questioned as to the case brought to her notice of a young girl dying and fever-stricken in one of these homes, Mrs. Gow said the case was a very sad one. The matron of the home was a very stupid woman, and the death rate there was 10 per cent.

The witness further stated that some of the better class homes would not be any the worse for a little supervision and inspection. Some of the matrons had not had a wide experience, though they were much improving; they had, for instance, no knowledge of venereal disease, and patients became infected. People in these homes were sometimes in a highly contagious condition. Necessary precautions were not taken, unless the matron in charge had knowledge which it was hoped all matrons would have sooner or later, and instances had been found of girls sent to these homes and coming back diseased. Some of the workers had also been infected owing to the conditions of the homes. Where the proprietors or the keeper of the home were unscrupulous, many nefarious practices, including the procuring of abortion, took place.

The witness instanced the case of a factory girl who got into trouble and went to live with the parents of the young man about six weeks before the birth of the child. She paid them 1s. a week and worked at her employment till the last moment possible. The lady interested in her did not find her till about four days later. She was lying on a pile of rags on the floor, without bedclothes. The baby had no clothes on, and both mother and child were actually starving. In a corner were two other babies about the same age. Whose children they were did not transpire. She was insured by the Prudential. The witness said she would like particularly to emphasise that these people were the parents of the young man.

She would like also to read one sentence from a letter she had had that morning from Mrs. Brannwell Booth, “I do know that procurers and others who are interested in leading girls astray definitely seek for maternity cases.” She thought that the proposals of the County Council for effect would do a great deal towards stopping what had been going on. She considered it the best way that could possibly have been thought of.

The witness was of opinion that where a girl went wrong in the first instance, and for the first time had a child, that it was the most critical period in her life that could be imagined, because it she had a helping hand she might go straight ever afterwards, and, if not, she was almost forced to go down by stress of circumstances, and every influence brought to bear upon her then was very strong indeed. In some of the existing homes the existing influence was very much the reverse of a redeeming one.

We consider the proceedings and evidence in regard to this Bill so important that we propose to devote considerable space to their consideration and shall continue our report in our next issue.

THE EXPENSES OF THE CENTRAL MIDWIVES BOARD.

That the expenses of the Central Midwives Board affect the expenditure of Local Authorities, and consequently the pockets of the ratepayers, is evident from the report of the Midwives Act Committee of the London County Council which at its last meeting informed the Council that on May 6th, 1913, it approved the maintenance vote 1913-14, amounting to £1790, in respect of the expenses of the Council as the local supervising authority for the Administrative County of London under the Midwives Act, 1902. The expenditure under the vote has, however, amounted to £1790 15s. 6d., or an excess of £10 15s. 6d. This excess is principally due to the fact that the proportion of the deficit in the accounts of the Central Midwives Board, payable by the Council, was greater than had been anticipated.
EDITORIAL.

THE CONTROL OF THE DOMESTIC DEPARTMENT.

The recommendation at a recent meeting of the Metropolitan Asylums Board, from the Asylums Committee, that, with the appointment of a new Matron, the control of the kitchen at the Caterham Asylum should be transferred from the Matron to the steward, involves an important question of management.

We have no hesitation in saying that the control of the domestic department should always be in the hands of the Matron, and that the best interests of any institution will be conserved thereby.

The Asylums Committee consider that at Tooting Bec Asylum, where the provision of certain mechanical appliances in the kitchen was authorized two years ago, and where they are under the steward's control, greater use has been made of them than at Caterham and other institutions where they were subsequently installed. It seems to them also desirable that this expensive machinery should be in the hands of a male, rather than a female, officer. They, therefore, have suggested that, subject to the assent of the Local Government Board, the control of the kitchen be transferred from the Matron to the steward.

The proposition was opposed by Miss M. J. Wilde, who said it was a retrograde movement. In all the other Services there was no question on this point, the Matron controlled the kitchen as a matter of course. As far as she knew the same arrangement prevailed in hospitals and poor law infirmaries. Stress was laid in the report on the fact that there was now a good deal of machinery in the Asylum kitchens. This did not seem to be a good argument, as there was a large amount of elaborate machinery in the laundries of which the Matrons were in control. The whole question of the position of Asylum Matrons was one of very great interest, and she would like to see the Metropolitan Asylums Board, and their Asylum Superintendents, lead the way to reforms in this direction, and not step backward as suggested in this motion. The Local Government Board was in favour of the Matrons being in control, and their opinion, seeing their very large experience of institutions should surely carry weight.

We entirely agree with the views put forward by Miss Wilde, and, as the matter is still under consideration, we hope that the Board will not put this recommendation into force.

In relation to the control of machinery, whether the Matron, or steward is responsible for its careful handling, and for a general knowledge of its method of use, its ultimate care must be in the hands of an expert engineer.

The strongest points in favour of the control of the kitchen being in the hands of the Matron, are that both discipline and economy demand it.

The large female staff in the kitchen should be under the control of a woman officer, and that officer the Matron, for the discipline of a female staff can never be maintained by a male official, as it can be by the Matron of the institution. Moreover, the wards, the Home and the kitchen are so interdependent that the introduction of dual control must tend to produce friction.

Again, on the score of economy, it is obvious that the Matron can exercise a closer supervision, and therefore check waste with greater facility, than a steward, and we have known of instances in which the management of the domestic department has been transferred from the steward of a large hospital to the Matron with great advantage both on the score of economy, and of an improved and more varied dietary.
OUR PRIZE COMPETITION.

DESCRIBE THE NURSING OF CASE OF SCARLET FEVER, WHAT COMPLICATIONS MAY OCCUR, AND HOW WOULD YOU ENDEavour TO GUARD AGAINST THEM?

We have pleasure in awarding the prize this week to Miss Florence Gladys Jones, North-Eastern Hospital, Tottenham, London.

PRIZE PAPER.

Scarlet fever is infectious and contagious to a high degree, therefore the spread of the disease must be diminished as far as possible.

In a private house the methods of isolation may appear somewhat elaborate to the anxious friends of the patient, but the following rules must be rigidly observed:

(1) Isolation of patient.

(2) Immediate burning of swabs and old linen that may have been used in the infected room, as well as the burning of scraps of food, &c.

(3) All necessary utensils must be reserved for the sole use of patient.

(4) Constant exchange of air in the room must be effected by means of ventilation.

(5) Great attention on the part of the nurse in the changing and disinfecting of her linen and the scrubbing of her hands and nails.

(6) Thorough cleansing and disinfecting of room and contents when the patient has recovered.

The invasion is marked by sore throat, headache, and vomiting, and the patient feels generally out of sorts. There is general feverishness, and the rash may appear within twenty-four hours. It appears first on the chest and arms, and comes out as a pink blush over the skin. The temperature is raised, and the tongue furred, and the throat red and swollen.

In selecting the room, it should be remembered that the patient is to occupy it for at least six weeks, and the nurse will endeavour to choose one at the top of the house, so that the patient be as far removed from other occupants as possible.

The patient must be kept in bed for at least a fortnight, as complications may occur in the mildest cases. In fever hospitals it is usual to keep patients in bed for three weeks. The clothing must be light and warm: wool is best.

The diet is of extreme importance. Milk only should be given until the temperature drops, usually at the end of the first week; then for the three weeks the patient may have fish, eggs, puddings, beef tea, custards, &c., with plenty of fluids and barley water. A daily blanket bath, as well as being refreshing, is said to aid desquamation. The urine must be measured and tested for albumen at least once a week; the bowels kept regular, but not violently purged without instructions from the doctor.

The complications are numerous, one of the most serious being nephritis. It may occur any time after the second week, and may be the result of a chill or error in diet. It is first recognised by scanty urine, of a smoky colour, denoting the presence of blood. There may be swelling of the legs, and the eyes look puffed.

The doctor will order the treatment he thinks necessary, but a nurse will be justified in placing the patient in blankets with hot water bottles, on finding albumen.

Rheumatism often appears early in the disease, and hot packs or air baths may be ordered.

Ear pain, together with any swelling behind the ear, must at once be reported to the doctor, for in cases where the throat symptoms have been severe, there is acute inflammation of the mucous membrane of the Eustachian tube, tending to cause ear discharge, which may in time set up an abscess in the middle ear, which may necessitate the serious operation of Mastoidotomy. It is held by some doctors that this can be in a measure avoided by the careful cleansing of the mouth and teeth during the early stages of the disease.

Great care must be taken in carrying out the treatment of ears, whether it be syringing, irrigating, or swabbing.

In the case of syringing, warm boric acid lotion may be used. A kidney dish is held beneath the ear, and the syringe being filled, the ear is carefully washed out till the lotion comes out clean. When this is finished, the ear may be dried with cotton wool, as any water left behind may do harm.

After the third week the patient may get up and go out in the garden, being warmly clad.

The infective period depends upon the severity of the case. It was supposed until recently that the desquamation was infectious, so that persons were detained until all peeling had ceased. However, a case is considered "free" now when all discharges have stopped. In delicate or unhealthy children nasal or ear discharge has been known to continue for months, and it is not at all an uncommon occurrence for a child to be detained for a period of eight to ten weeks.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss C. G. Cheatley, Miss
Madeline Smith, Miss Lilian N. Abell, Miss Dorothy Maton, Miss Dora Vine, Miss Eleanor M. Boykett, Miss S. Simpson, Miss Jessie Jackson, Miss F. Sheppard.

Miss Madeline Smith writes:—The complications are: (1) Albuminuria, which later may result in (2) Nephritis. Test urine and measure daily; report to the medical man if any blood or albumen are present. Hot packs, and fomentation to loins, in suppression, are sometimes ordered. Nurse in blankets, with covered hot water bottles. Never allow extremities to get cold. Give plenty of barley water to drink, to flush out kidneys. Watch for muscular twitchings.

(3) Arthritis. (4) Suppurating joints, a very serious complication which may result in death, caused by septicemia. (5) Endocarditis and Synovitis. (6) Otorrhea. (7) Otitis media, swollen cervical glands. (8) "Scarlatina Anginosa" (septic). Where there is much ulceration and sloughing of the fauces, constant cleansing of nose and throat is required. This is carried out by gentle irrigations of saline. Swabs of wool immersed in boracic lotion should also be used to gently wipe round gums and teeth in order to remove all discharges. Ears, when discharging, should be cleansed by irrigation very frequently, and great care should be taken; if they are not properly treated and cared for, a mastoid abscess often results.

QUESTION FOR NEXT WEEK.

Why are flies dangerous to health? Describe how best to prevent their multiplication and how best to exterminate them.

Cancer and Smoking.

Dr. S. Davies, Medical Officer of Health for Woolwich, has been investigating the habits of persons who have suffered, or died, from cancer in the last two years. While the disease is frequently caused by local irritation, apart from the irritation caused by a pipe smoking has been alleged to be the cause of cancer, so have alcoholic drinks.

Dr. Davies found that of 71 men and 40 women, 27 per cent. were excessive alcohol drinkers, and 39 per cent. were excessive smokers.

Compared with 108 persons under similar circumstances, who did not die of cancer, 18 per cent. were excessive alcohol drinkers, and 17 per cent. excessive smokers. From this he deduced that both alcohol and smoking had some little general effect in promoting cancer, but their injurious influence was chiefly local.

Nursing in Prisons.*

By Mrs. Maxwell St. John, R.R.C.

As far as I have been able to ascertain, there is in the prisons of England and Wales to-day one nurse with a three-years' training doing hospital duty. She has trained an assistant, who has worked under her for some years. This is in Aylesbury Women's Convict Prison. In Holloway Prison the maternity nurse has nineteen years' and the other charge nurse has fourteen years' prison hospital experience. The medical officer in charge at Holloway, who told me that he had had a good deal of experience of nurses' work, as house physician in his hospital, before his prison experience, and evidently keeps in touch with modern conditions, considers the standard of nursing in Holloway Prison very high; in fact, as good as in a well-managed civil hospital.

In the men's prisons the nursing is done by old R.A.M.C. men and ex-sick-berth stewards of the Royal Navy.

There are no women regularly employed in men's prisons; but in small prisons, where the nursing staff is inadequate, trained women nurses can be requisitioned in special emergency; and this has been done. The hospital staff receives regular instruction from the medical officer.

All wardresses are on probation for their first four months, during which time they receive special instruction from the medical officer. As a rule, those who are selected for hospital work have had previous maternity, poor law, or asylum experience. I am told that some of them take their C.M.B. while in the prison service.

The hospital staff is not taken for other duties, but is subject to the same "discipline" (being liable to fines and other punishments) as the ordinary prison officers. Their salaries are the same; that is, for women, roughly from £45 to £180 per annum (the latter being the salary of the matron at Holloway), with quarters, laundry, uniform, fire, light, &c., not food, and pension as per civil service scale. At Aylesbury the trained nurse above mentioned received from the first the same rank and remuneration as a chief matron, it being recognised that a person with the qualifications required could not be obtained on the usual terms for wardresses. And the extra outlay has evidently been well worth while. Does not this show that, even in matters of finance, a

* A Paper read at the Birmingham Nursing Conference, June, 1914.
departure from routine can be achieved without special legislation when the officials concerned make up their minds to it? Another instance of this is the employment at Aylesbury of a lady gardener to instruct the prison officers, especially those of the Borstal wing.

The average hours at Holloway Prison are nine hours a day, with overtime made up, and alternate week-ends off. The hours at Aylesbury are longer, but with greater liberty for rest.

The prison hospital is not such a gloomy place as the outsider would expect. For my part I was agreeably surprised. Except for the double row of locked cells, it looks very much like an ordinary hospital. Considerable improvements have been made lately. Some new baths have been put in at Holloway, and some improvements are under construction there, such as a new surgery for the treatment of venereal disease, and a labour ward. At Aylesbury the hospital looks particularly bright, and the windows on one side look on to a private garden with comfortable seats for the use of the patients. The relations between doctor, nurse, and patient were less official, and appeared more free from constraint than I had expected. The patients responded to my questions freely and naturally, and no one, either patient or officer, seemed to be particularly in awe of the doctor. Indeed, their relations seemed quite friendly. Of course, I am only giving the impressions of an outsider's visit. The only absolutely satisfactory and convincing way of testing the prison régime would be to become an ordinary prisoner or a warder—preferably both. I have neither qualification.

Neither do I make any complaint of the actual nursing. It may be quite as good as the medical officers think. But, however good the nursing may be, I venture to advocate the presence in all prisons, those for men as well as those for women, of carefully selected, fully trained nurses to act as hospital sisters, to go round the cells and make the acquaintance of all the prisoners, help the medical officers in looking after the many details of their health and well-being, attend to minor ailments, &c., see to the general sanitary conditions, and promote a good tone and atmosphere throughout the prison. It seems to me impossible for two medical officers alone to attend satisfactorily and in detail to the health of 700 to 1,200 prisoners without the help of trained nurses in the way suggested.

I would strongly urge that these sisters must be cultured women of character and initiative, such as one finds amongst the ward sisters in the best hospitals. Such nurses as I have in mind, coming with habits formed in the outside world, and especially with the best hospital spirit, could introduce a hundred and one common-sense and economical improvements of detail, and would help to break the bonds of red tape and unpracticeness in which the prison service seems in some respects to be bound.

Every nurse will know that there are many little things which she could do to help the medical officer and to make the prison a better place both for the prisoners and for the officers. I happen to have been one of the first batch of sisters who went out to the Army hospitals in India. Many medical officers said that we were not required, that there was nothing for us to do. But in a short time they found that we were very necessary. We saw that we were wanted the first day. I am quite sure that it would be the same with the prisons. I visited the hospital of a men's prison the other day, and all seemed clean and well managed. But I felt that if I had been young again I should have liked to volunteer my services there. It reminded me so much of Army hospitals I had visited before the advent of sisters. Well, there are plenty of energetic nurses as young as I used to be. I assure you the prisons have need of them.

Another point should be emphasised. Whether you have trained nurses or not, it must be obvious that no good work can be done under the fear of punishment, and it is a degradation to our vocation that those engaged in it should be subjected to such insult. I asked one governor if the nurse in charge was subject to fines and punishments. He said "Yes," but added that he could not conceive of such a thing as a fine or punishment being imposed on her. I said: "Naturally, one can see that Miss —— is trusted and has made her own position here. But it is surely unfortunate that she is liable to such penalties." He seemed to think that the penalties were necessary. I objected, and put the case of medical officers, suggesting that the prison nurses should be treated just as the higher male officials were treated. To this he seemed to make no further objection.

Although I thus protest against punishments, particularly on behalf of nurses, I do not wish it to be inferred that I approve of such punishments for other workers. On the contrary, I emphatically say that if we want to raise the tone and status of those who represent the community in its dealings with criminals, we must abolish all such devices for keeping them up to the mark, and invite them.
to regard their work as an honourable vocation, in which all driving and punishment would be out of place. Something like this, it seems to me, is the first requirement of the prison service.

When I accepted the invitation to read this paper I remarked to a colleague that it would be difficult to avoid introducing penal reform. He replied, "Why try to?" Well, I have not tried very hard, and I hope you will forgive me. How, I ask you, can we nurses contemplate the prison system without wishing to alter it? I must confess that my chief motive in advocating the introduction of trained nurses into prisons is the hope that they will help to transform them out of recognition. From what my husband assures me, and from what I myself have seen and heard of the very courteous and humanly minded people I have met in the prisons, I feel sure that the cooperation of the nurses to this end would be welcome if the difficulties, or apparent difficulties, in the way could be overcome. Cannot this Conference, by discussion and ventilation of the subject, do something to lessen those difficulties?

One word more. In advocating trained nurses for prisons we do not wish to oust those who have borne the burden and heat of the day. Let nothing that has been said here be taken as implying disrespect to those who have devoted their years to thankless tasks. Our message to them also, as well as to the prisoners, must be one of hope and uplifting, and of more effective cooperation all round in the service of the community.

Discussing these matters one day with a doctor who was governor of a prison in India, I urged the desirability of having trained nurses of culture in all prisons. He looked shocked, and said that prison was not a place for ladies. I think the answer to that is that the sooner prison becomes a place for ladies the better. Indeed, here in England it has already become a place for ladies, has it not? And they have done some useful ventilating for which we owe them deep gratitude. I seriously ask my sister nurses if they do not feel that prison is eminently a place for us at any rate. Our vocation is to tend the sick in body. Why not also the sick in mind—and in soul? Surely where the outcast and the desolate and the oppressed are there is our place.

Lord Shaftesbury has withdrawn from the House of Lords the Nurses (Contributions by Local Authorities, Ireland) Bill, and hopes to get it introduced in the House of Commons.

**MISS DOCK ON MISS NIGHTINGALE.**

In her English Letter contributed to the *American Journal of Nursing*, Miss Lavinia L. Dock writes most interestingly of the "Life of Florence Nightingale":--

"The trip to London to give two months' volunteer service to Mrs. Pankhurst gave me the opportunity to read with close attention the 'Life of Florence Nightingale,' by Sir Edward T. Cook, a book which I had at first only been able to rush through in breathless haste. Perhaps many nurses will rejoice if they have time to read it once, and yet I do believe that on one reading alone one can hardly assimilate thoroughly this most fascinating presentation of a most remarkable life and a commanding personality. The style in which the 'Life' is written is so delightful, its simplicity so united with dramatic power, that, sometimes, you feel as if you were watching a great drama on some classic stage, and its deep and delicate understanding and sympathy with Miss Nightingale's character, her problems, her destiny, are so winning that I determined I would try to meet the author, if possible, in London. I was, then, much gratified at being able to do this, though I realized afterwards, to my great chagrin, that, having gone in hopes of hearing Sir Edward Cook talk, I had done all the talking myself! But this gives fresh proof of the sympathetic nature of Miss Nightingale's biographer, though I also suspect partly a most potent and delicious brand of tea. It is impossible to think of a better choice of a biographer than Miss Nightingale's executors made, and for myself, I had rather expected that her 'Life' might be written in a conventional way. Perhaps, however, the character of her great mass of written records would have made it difficult for anyone to have written academically, and actually, the biographer, having been chosen, was left wholly free to present Miss Nightingale as he saw her.

"As well as delicacy of perception of character, Miss Nightingale's historian had to possess a rich equipment of familiarity with the social and political history of her time, and with the stimulating atmosphere of art, literature, travel, and learning in which she and her friends moved. All this is woven into the text of this delightful book.

"How great a pioneer Miss Nightingale was, in many different ways, how great a revolutionist in education and training, in making new paths for women, and in overturning the accepted ideas of women's subordination, can
only be fully realized by close study of her life, and of her own writings. Perhaps here we may make the criticism that the pivotal principle on which her nursing revolution was based, namely, the necessity of taking out of men's hands the authority to control women, and placing this authority in women's hands, has not been as clearly emphasized in the 'Life' as its importance demands. I rather think that this, then boldly radical belief, on which all her thoroughgoing, training school system was founded, is more fully dwelt upon, and by quotations more clearly illustrated, in the 'History of Nursing.' Her declarations on this point are all the stronger because we now, in the full light of the biography, perceive that though in her early years a conscious emancipator of women, Miss Nightingale was not at all a féministe in the strict sense. It was because of the work that she defined the division of authority, not because of any special belief in women as such.

'Miss Nightingale seems really to have been indifferent to the 'woman question,' and, in some ways, to have judged women more severely than a historical survey would have quite justified, but here I am wandering off, perhaps, a tangent.

'There is only one weak part in this admirable biography, and that is its treatment of the 'Nurses' Battle,' as the first struggle over registration was called, between the newly organized Royal British Nurses' Association and the hospital authorities back in the 1880's and subsequent years. But the biographer is not wholly to blame, for we have regretfully to admit that in this context Miss Nightingale herself was on the wrong side, as the witness of time has testified, and he, being a layman and unacquainted with the world-wide movement for legal safeguards for the basis of nursing education, has faithfully followed her point of view.

'We need only remember that Miss Nightingale was secluded in an invalid's room at the time of that first registration round, to make full explanation of her attitude. No nurse can read the splendid record of her active life, with all its many fearless attacks upon oppressive powers, and not feel certain that, had she been in actual hospital service, she would have been the first to see that, once the young profession had been established, its foundations would have to be protected by law against the encroachments of mercenary hospital directors and commercial institutions. For she was no upholder of laissez faire, which she once interpreted as 'let bad alone,' and she was an insistent and unremitting prodder of governments to protect, administer, and regulate, in questions concerning the public health. All her years after the Crimean War were devoted to the impassioned purpose of advancing the cause of life and health for the Army; for the downtrodden millions of India; the villagers of England, and the crowded workers in cities. She pushed these causes, first, by proclaiming her educational gospel, then by swaying Cabinet Ministers and Parliament to legislating, and all the time by urging, persuading, leading, or driving heads of departments to administer—continually administer. How short-sighted to think she would not have been a believer in legal status for nurses! But her own revolution was too new for her to realize, from her sick-room, that another was called for.'

REGISTRATION NEWS.

The Secretary of State for the Home Department, Mr. McKenna, will receive a Deputation from the Central Committee for the State Registration of Trained Nurses and other supporters of the movement, at the Home Office on Thursday, July 30th, at 12 noon. The Deputation will be introduced by Dr. Chapple, M.P.

THE BRITISH MEDICAL ASSOCIATION AND STATE REGISTRATION.

On Friday, July 24th, the Representative Meeting of the British Medical Association in session at Aberdeen, discussed Registration of Nurses, and the great increase of insufficiently trained nurses now posing as such.

Mr. T. W. H. Garstang (Altrincham) moved the adoption of the report of the Medico-Political Committee, together with a recommendation to re-affirm the opinion of the Representative Body that the State registration of nurses is desirable.

The motion was unanimously agreed to.

Dr. E. R. Fothergill, on behalf of the Brighton Division, submitted the following rider to the motion, that it be an instruction to Council to take all such steps as it considers desirable in order to obtain:

(1) Unanimity among the various interests concerned as to the essentials of a Nurses' Registration Bill; (2) Satisfactory evidence that there is a large body of professional opinion in support of these essentials; and (3) The support of the Government for legislation next session on the lines of these essentials.

Dr. Fothergill said they ought to try to obtain what Mr. Asquith wanted, namely, a reasonable amount of unanimity on this question. While doctors were quibbling as to whether a nurse should have two or three years' training, women of ill fame were walking about the streets in nurses' uniform polluting young girls and men.
It was for the benefit of the health of the nation that such things should be stopped as soon as possible.

Dr. Callaghan said they saw all sorts of servant maids and nurse maids in nurses’ uniform.

Mr. Garstang said unanimously already existed on this question, except for the party led by Lord Knutsford, of the London Hospital, and they would never get their adhesion.

He had no serious objection to the rider. He thought the repeated protest of the Representative Body might be taken as expressing the views of the majority of the profession on the subject.

The rider was carried by a large majority.

INSUFFICIENTLY TRAINED NURSES.

Mr. C. E. S. Flemming (Trowbridge) moved “That this meeting views with concern the increasing number of insufficiently trained nurses, and instructs the Council to call upon the Government and the other authorities concerned to take steps to remedy this evil.”

He drew attention to the increasing number of improperly qualified nurses practising in this country. There was also a rapidly increasing number of district nurses acting as health visitors and tuberculosis nurses who were not properly qualified. That state of affairs was a great danger to the profession. The authorities, such as county councils, were very much to blame, and they should be called upon to do something to improve the situation. Local authorities could do a great deal in the way of hurrying up legislation to ensure the proper qualification of nurses.

Dr. J. Singleton Darling (Portadown and West Down) said there was a danger of lowering the nursing service all over the country because the authorities could not get the thousands of nurses which were required under the Insurance Act.

The rider was approved.

The more active members of the British Medical Association are in pushing forward this important reform the better.

THE ST. GEORGE’S VETO.

When we have had occasion to comment upon the fact reported to us on various occasions that Matrons and nurses are not free agents in many hospitals and institutions, where liberty of conscience is concerned, the anti-registration press has denied the soft impeachment with unconvincing bluster. How about the following paragraph which appeared in the Daily Herald on July 24th?

FETTERS FOR NURSING PROFESSION.

COMMITTEE PROSCRIBES INDIVIDUAL LIBERTY.

Has a Hospital Committee the right to bar members of the staff from appearing on any platform? This question was raised in the appointment as Matron to St. George’s Hospital of Miss Elsie Cooper, at present Assistant Matron at the Royal Free.

The committee demanded the personal views of the applicants, a course open to serious objection. It means that the Matron must bury herself entirely in her immediate work, irrespective of its associated problems, and is a cowardly method of obtaining an “understanding” on matters outside the scope of the appointment.

We believe Miss Cooper is a whole-hearted supporter of State Registration for Nurses, but obviously she cannot now join the profession in opposing Parliament.

The Superintendent told the Daily Herald representative that the questions were put merely to ensure that the Matron has no interests outside the hospital. He considered that the question of State Registration would not be objected to. Yet this very question was raised by an applicant, and the committee would not countenance their Matron supporting such a scheme.

The main issue, however, is quite definite. The Matron is not allowed full personal liberty. She is not to exercise her own discretion in private matters, but to adopt the ideas of the committee. The remedy—a Union.

As several readers sent us the above cutting, and asked us to comment upon it, we visited St. George’s Hospital on Monday afternoon, but unfortunately found the Medical Superintendent out (let us hope he was not attending either a political or professional meeting!). We had the pleasure, however, of being courteously received by the Secretary, who corroborated the facts as published. We asked him if the domestic staff, male and female, were subjected to the same monotonous restrictions, upon appointment, as the Chief Nursing Official, and found they were not.

We have since received a letter marked “Private” from the Deputy Treasurer, who as Chairman of the Selection Committee, apparently sees nothing reprehensible in the authorities of a public institution denying personal responsibility of thought and action, to the lady entrusted by them with the power to superintend and advise the nursing staff, and who is presumably by personal influence and sympathy with their individual characteristics, to maintain a high standard of conduct and contentment amongst them. We have addressed a reply to this gentleman asking him to be good enough to lay it before the House Committee of St. George’s Hospital. Our suggestion is that the Committee shall take an early opportunity of removing their veto, in so far as it affects the inalienable right of the officers and servants of a public institution, to bring what political and professional views their conscience and capacity may dictate, so that they may be responsible for their own personal conduct and actions. To deny to the Matron of a hospital such personal responsibility, is in our opinion calculated to lower the prestige of the whole nursing department.
TRIFLING WITH STATE MONEY.

For months past those engaged in providing district nurses, trained and untrained, have been greatly exercised in their minds as to the nursing of the insured sick. First of all, we were told there was no money for providing members of approved societies with skilled nursing. Then the medical benefit proved greatly handicapped without nursing, and the Chancellor of the Exchequer wisely promised a grant of £50,000 this year, and for the future £250,000 per annum, to provide for training and nursing. That was welcome news. It may prove an immense benefit to poor sick people, yet it may fail to benefit them if wrongly administered. We claim, and shall continue to claim, that State money, for which we are taxed, should be expended upon the advice of experts, and not handed over to associations which have hitherto failed to realise their responsibilities. As Cottage and County Nursing Associations have done, owing to the fact that they are governed entirely by men and women who have not the knowledge, and have therefore no right to define nursing standards, any more than they have to define medical standards. Nevertheless, great efforts are being made by Cottage and County Nursing Associations to obtain a State grant in support of charitable and non-representative organisations, which provide midwives and very insufficiently trained women to nurse the sick in rural districts.

We claim that all element of charity should be eliminated from any Nursing Benefit scheme provided by State funds—in other words, for which the people are taxed—and information as to how the State grant is to be administered has been eagerly awaited.

On July 22nd Mr. Montague announced in the House of Commons that "the Nursing Service referred to will be administered by the Insurance Commissions through the local Insurance Committees," and added, "it is hoped to secure the co-operation of the County Nursing Associations."

It is evident that the administration of Nursing Benefit will have to be very carefully watched if our money is to be spent in providing skilled as against unskilled nursing and the service is to be sufficiently remunerated. To provide a State Nursing Service of practically untrained women—if their midwifery experience is excluded—at the miserable salaries paid to cottage and village nurses is a scandal which must not be permitted. The secretaries and members of Approved Societies must be instructed on this point. Many are trades unionists, and will realise the injustice of any such scheme both for the sick and the nurses. A thoroughly trained nurse should be added at the earliest possible date to each of the four Commissions empowered to organise the Nursing Benefit. At present, although we are taxed to pay enormous salaries for those who compose them, there is not one expert who knows anything of nursing education and organisation on any of the Commissions. Without such experts it will be a case of the blind leading the blind, and, as usual, the nursing profession will land in the ditch.

Just economic conditions for the nurses must be kept in mind, and not less than £150 should be paid for salary (beginning at £1 a week), and emoluments, with a pension on the Army Nursing Service scale; all Queens' Nurses to be eligible for service on such improved terms.

APPOINTMENTS.

MATRON.

York County Isolation Hospital.—Miss A. E. Proctor has been appointed Matron. She was trained at Salford Infirmary and Brighouse Fever Hospital, where she was Deputy Matron. She has also been charge nurse and Assistant Matron at Southampton Isolation Hospital and Sanatorium.

NIGHT SISTER.

Charing Cross Hospital, W.C.—Miss Elizabeth Clark has been appointed Night Sister. She was trained at the Royal Infirmary, Dundee, where she was Sister of the Fever wards and Theatre, and temporary Night Superintendent. She has also been Night Sister and Ward Sister at St. George's Hospital, Bombay, Sister of an enteric ward at King's Cross Hospital, Dundee, and is at present Dietetic Nurse at Duff House, Banff.

SISTER.

Charing Cross Hospital, W.C.—Miss Maud Hopton has been appointed Sister on the Drummond Floor, which includes men's and women's surgical wards. She was trained for four years at Charing Cross Hospital and for two years has been Sister of a Medical Ward.

Miss Rhoda Hoff has been appointed Casualty Sister. She was trained for four years at Charing Cross Hospital.

South Western Hospital, Stockwell, S.W.—Miss Ellen Frances Allison has been appointed Sister. She was trained at the St. Marylebone Infirmary, where she gained the first prize, and has been Sister at the Western Hospital, Fulham. Previous to her general training, she was probationer at the Plymstock Fever Hospital.

Miss Daisy Sophia Burgess has been appointed Sister. She was trained at the Lewisham Infirmary, and has held the position of Night Superintendent at the Isolation Hospital, Tolworth, and received fever training at the Brook Hospital, Shooter's Hill.

Royal Victoria and West Hants Hospital, Bournemouth. — Miss Edith B. Gilbert has been appointed Sister. She was trained at the Seamen's Hospital, Greenwich, and the Hospital for Women, Soho Square, W.C., and has been temporary Sister at the Seamen's Hospital, Greenwich.

SCHOOL NURSE AND HEALTH VISITOR.

Borough of Clitheroe. — Miss Eliza Annie Newman has been appointed School Nurse and
Health Visitor. She was trained at Grampian Infirmary, Manchester, and is at present working as District Nurse at Walton-le-Dale.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss A. Shearer to be Staff Nurse (December 19th, 1913).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.

Miss Rose E. Ashton is appointed to Bamber Bridge; Miss Harriet Buckley, to Dewsbury; Miss Mary E. Griffin, to Bury; Miss Eva M. Owen, to Alvington; Miss Anne Priestnall, to Dewsbury; Miss Euphemia Watt, to Wises; Miss Charlotte L. Whyatt, to Chatham.

GREEK GRATITUDE TO SCOTTISH NURSES.

At a recent meeting of the managers of Edinburgh Royal Infirmary a letter which had been received from the Greek Minister in London transmitting diplomas and medals conferred by Her Majesty Queen Olga of Greece on the ten nurses who had gone from Edinburgh and served with distinction in Greece during the recent war was read. These nurses were sent out in response to a telegraphic request addressed to Miss Gill, the Lady Superintendent of Nurses by the Queen Mother. Of the total eight had their training in the Royal Infirmary.

The following are the recipients of the honours — Miss M. Lamb, Miss C. Richard, Miss M. M. Kerr, and Miss E. J. Stuart, Royal Infirmary, Edinburgh; Miss M. Nicholson, Miss G. Macintosh, and Miss McKellar, Scottish Co-operation of Trained Nurses, Alva Street; Miss J. Scott, Royal Scottish Nursing Institution; Miss L. Grundman and Miss A. Cameron, Trained Nurses' Association, Rutland Street.

PRESENTATION.

The Victoria Home for Nurses, in Saltergate, Chesterfield, is now closed, and the committee, which has carried on the institution since the Diamond Jubilee year of Queen Victoria, will henceforth be known as the Chesterfield District Nursing Association.

Throughout the existence of the Home, Miss Thompson has been the lady superintendent, and to mark her retirement, as well as to show appreciation of her long and valued service, a presentation of a cheque for £102 10s. od. was recently made to her, and an eloquent tribute was paid to her abilities and successful management.

Miss Thompson, who is leaving Chesterfield, has also received from the nurses a clock and candlesticks, together with an illuminated address, the meritorious production of Mr. Siddall, a local artist.

NURSING ECHOES.

At a meeting of Lady Minto's Indian Nursing Service, held at 95, Lancaster Gate, it was reported that £535 had been expended in sending sixteen nurses to India last winter, and a considerable number of nurses will be required in the season 1914-15. It was agreed that a vote of condolence should be sent to His Excellency, Lord Harding of Penshurst, on the loss he has sustained in the death of Lady Harding, whose invaluable assistance to, and sympathy with, the work of the Association, the Committee fully recognise.

By the kindness of the Editor of The Gentlewoman we are able to publish an illustration of the beautiful Badge presented by Queen Alexandra to the members of her Committee, which contributes £2,000 annually to the Queen Victoria's Jubilee Institute for Nurses, at their recent meeting at Marlborough House. The Badge was awarded to those members of the Committee, over 150 in number, who had served upon it for five years, or over. The illustration appears on page 102.

The National Reforms Society held a public meeting in Hampstead Town Hall last week, at which the Bishop of Willesden presided, when a resolution was passed unanimously expressing approval of the provisions in the London County Council (General Powers) Bill for the Registration of Nursing Homes and Maternity Homes, and the opinion that the powers under the Bill would be more effective if administered by a central authority such as the London County Council.

Sir A. Pearce Gould, in moving the resolution, said that his work had for thirty years brought him into connection with nursing homes, and he had a high regard for them and the manner in which they were conducted. But there was evidence in the police courts that there were places that had assumed the guise and adopted the names of nursing homes and massage houses for the purpose of carrying on unlawful practices. The Council Bill had nothing in it hostile to well-conducted homes. The resolution was seconded by Dr. R. F. Horton, and was carried unanimously.

We hear that Miss Fairbank, formerly Superintendent Nurse at Alton Infirmary, has now a very comfortable cottage at Langton Matravers, Dorset, where she will receive nurses on holiday on very moderate terms.
The village is only half an hour from Swanage and twenty minutes from the sea, cliffs, and rocks. She writes:—"We are nearly surrounded by sea, and have lovely fields and woods at the back, plenty of pretty walks, and steamer trips from Swanage. We offer all the comforts of home life and breakfast in bed, which nurses so much enjoy on holiday." This sounds very tempting, as the air is very bracing, and the scenery along the Dorset coast very beautiful. Those wishing to know more should address Miss Fairbank at Two Seas Cottage, Langton Matravers, Dorset.

How about the exploitation of the defenceless public? We noticed the following advertisement in a pseudo-nursing paper recently:

**SIX NURSES WANTED** for private nursing. One year’s general or two years training essential. Salary £20 and uniform. Address——

In reply to an inquiry concerning the rules of the institution supplying one year’s trained nurses to private patients, we note from printed regulations that applicants are asked, "Have you experience in nursing the following cases, and are you willing to undertake them? Medical, Surgical, Scarlet Fever, Diphtheria, Typhoid, Measles, Tracheotomy, Colotomy, Ovariectomy, Monthly, Mental, Dipsomania, Massage." The applicant is then directed—"Write ‘Yes’ or ‘No’ against each inquiry, and if in any case mentioned you have had no experience, but are WILRING to undertake it, say so."

No doubt young women prepared to nurse the sick at a salary of £20 a year after one year’s experience, will, like the immortal "Barkis," be "willing" to oblige. But how scandalous it is that sick people, especially those suffering with acute diseases, and subject to major operations, should still, owing to the opposition of anti-registrationists, be at the mercy of those who do not hesitate to risk the lives of the sick for gain.

The "experts" on the staff of this institution are granted "fourteen days’ holiday in each year at such time as the Principal shall decide."

Nurses here and nurses there. Their services seem to be in ever greater demand, and to judge from the recent conference between members of the Highlands and Islands Medical Service Board, and representatives of public bodies, held at Tobermory (Mull) last week, it was evident that a great addition will have to be made to nurses already at work, if the needs of these far-away districts are to be adequately met. Let us hope really efficient nurses will be supplied, and that their services may be generously remunerated. The life is one of great self-sacrifice, and must be encouraged.

In regard to the provision of hospitals for the Mull district, the general consensus of opinion seemed to be in favour of having one hospital with six beds at Tobermory, and with a staff of one qualified resident nurse and one maid, the district nurse to assist in emergencies. This hospital would also serve Ardnamurchan, Coll, and Tiree.
LEAGUE NEWS.

ST. BARTHOLOMEW'S HOSPITAL, ROCHESTER.

The Matron is anxious to form a League for Nurses Past and Present who have trained and been certificated at St. Bartholomew's Hospital, Rochester.

Hospital Nurses' Leagues have proved an invigorating medium in keeping nurses in touch with their alma mater and with each other, and it is hoped this one may do likewise.

Any nurses wishing for information regarding this League are invited to write to the Home Sister, who is hoping to arrange a general meeting shortly at which rules, &c., will be discussed.

It is impossible to write personally to everyone, as home addresses have in many cases changed since the nurses left hospital.

PRACTICAL POINT.

Nurses and patients when travelling may escape much of the usual fatigue by wearing the lightest and softest of slippers instead of walking shoes. It is a good plan to carry these in the hand-bag and change in the train or car.

THE PASSING BELL.

It is with deep regret that we record the death, in Bombay, of Miss G. Grace Tindall, Lady Superintendent of the Masina Hospital in that city, and a former President, and at the time of her death Hon. Secretary, of the Trained Nurses' Association of India.

Miss Tindall, who was trained at the Croydon Infirmary and the City of London Lying-in Hospital, had an interesting and distinguished nursing career. Her work in India began in 1907, when she was appointed Superintendent of one of the branches of Lady Minto's Indian Nursing Service. Fifteen months later she was appointed Matron of the Cama and Alibless Hospitals, Bombay, which are a training school in general nursing and midwifery for European, Eurasian, and high-class natives. Last year she resigned this position and came home for a rest, broken down in health, and most of her time in England was spent as a patient in a nursing home. She, however, returned in the autumn as Matron of the Masina Hospital, Bombay, and died practically in harness.

Miss Tindall was a member of the Matrons' Council, the Society for State Registration of Trained Nurses, the R.B.N.A., and the Army Nursing Service Reserve. In India she was on the Executive of the Association of Nursing Superintendents, on the Central Committee of the Bombay Presidency Nursing Association, and an Hon. Secretary of a local branch of the Guild of St. Barnabas for Nurses, and she will be deeply mourned by her colleagues East and West.

NURSING HOMES UNDER THE L.C.C.

THE GENERAL POWERS BILL, 1914.

The Parliamentary Committee of the London County Council reported on Tuesday that the Select Committee of the House of Commons, which is considering the L.C.C. General Powers Bill, had passed the Preamble of Parts IV. and V., giving to the Council certain powers for the registration and control of lying-in homes, nursing homes, and massage establishments. It further recommended that, at the present stage, opposition should not be offered to the inclusion of certain powers for the delegation of power to the Borough Councils, which would ask the Select Committee to insert a clause enabling the Council to delegate its powers to the Borough Councils.

The Council could, if necessary, take steps to secure its deletion at a later stage.

Briefly to summarise the position. The powers sought, and approved by the Select Committee, are analogous to those desired in regard to the lying-in homes. It is noteworthy that while there is proof of the abuse of lying-in homes the police evidence was emphatic that they had "no information as to any nursing home having been improperly conducted."

Mr. John Hunt, Town Clerk for the City of Westminster, said that they had no evidence that any nursing home was used for purposes of prostitution in that area. He believed all nursing homes were respectable.

Amongst the powers sought by the London County Council in the Bill, in relation to nursing homes, are that any officer duly authorised by the Council may enter and inspect premises used as nursing homes; to refuse to register the name of the proprietor, of the premises, or to cancel such registration on specified grounds; to make by-laws for the prevention of prostitution and immorality in connection with the carrying on of establishments for nursing, or special treatment, and to the records to be kept in connection with such establishments; to require every person registered under this part of the Act to keep exhibited in a suitable place (to be approved by the Council) in the premises in respect of which he is registered a copy of the by-laws made and in force, the penalty for contravention of these provisions being £50.

The Committee decided to postpone the consideration of the question of power to make by-laws. In the case of the lying-in homes it was refused.

We hope Superintendents of Nursing Homes will, through their professional Association, approach the Council, and ask that the inspector appointed should be thoroughly trained nurses holding certificates as sanitary inspectors, and that such inspectors should be paid salaries which will attract the right kind of woman and will place before the Council other suggestions which may in practice make the measure of utility and benefit.
We commend to our readers' attention the report presented to the Parliamentary Committee of the L.C.C. by the National Council of Trained Nurses of Great Britain and Ireland, published on page 514 of our issue of December 20th last.

THE METROPOLITAN ASYLUMS BOARD.

Many points of nursing interest came up for consideration at the meeting of the Metropolitan Asylums Board on Saturday last.

Sir Arthur Downes, M.D., Chairman of the Provisional Committee of the L. G. B. Conference on District Nursing in London wrote inviting the manager to nominate a representative to serve on the Central Council now being established.

It was agreed to pay Miss J. F. Breheny, a First Assistant Nurse at the North Eastern Hospital, the sum of £125 to redeem the weekly payment of 15s. 9d. awarded her under the Workmen's Compensation Act.

It was agreed to extend the grant of long service pay to holders of the obsolete office of Superintendent of Night Nurses, and to the grades of Home Sister and Superintendent Sister at the Children's Hospital. The Finance Committee recommended special increases of pay to nurses after five and ten years' continuous service; and that a pension of £124 4s. be paid to Mrs. Eugenie Warren, late Matron at Caterham Asylum, and that at the Joyce Green Hospital Sisters should be paid at the rate of £40, rising in two years to £46, and staff nurses at £30, rising to £36.

We are glad, also, that on the recommendation of the General Purposes Committee the Board adopted a common sense policy in regard to the application of various groups of employees to wear the badge, in the form of a brooch or button, of their union, in spite of the fact that Mr. H. Mount Somerby moved that the matter should be referred back. He asked: "Did the recommendation mean that members of the staff could wear the badge of any political party to which they might belong. He could imagine the look of pleasurable anticipation on the faces of certain members on being received by a gate porter wearing the badge of the Tariff Reform League, or certain other members on being waited on by a nurse wearing the badge of some Liberal association, or again, what was to prevent the wearing of badges by some of the nurses who belonged to suffragist organisations? It would be dangerous to allow those who were teaching the children to wear any badge they liked. They might wear that of the Rationalist Association or the Clarion Scouts.

Mr. Highley asked why suffragist nurses should not wear badges, and Mr. Garrity said that within the limits of decency he would let any man wear what he liked.

PROFESSIONAL REVIEW.

PRACTICAL NURSING.*

The latest and fourth edition of "Practical Nursing" by the late Miss Isla Stewart, Matron of St. Bartholomew's Hospital, London, and Dr. Herbert Cuff, F.R.C.S., Principal Medical Officer to the Metropolitan Asylums Board is a welcome addition to the nursing text books written on thoroughly practical and scientific lines, and is we believe the only one in which a member of the medical profession and an experienced Matron have collaborated, and thus have attained the happiest results.

The present edition, in the revision of which Dr. Cuff has had the assistance of Dr. W. T. Gordon Pugh, Medical Superintendent of Queen Mary's Hospital for Children, Carshalton, has been re-arranged and enlarged, but through the use of a smaller type the original size of the book has been retained. Its dedication is simply "To the Memory of Isla Stewart," a memory instinct with the remembrance of a personality warm-hearted and loyal—loyal to the hospital over whose Nursing School she ruled with conspicuous success, to the profession in which she attained first rank, whose interests she ever placed before her own, and to those whom she honoured with a friendship as true as it was generous.

The contents of the book are now divided into three parts—general nursing, medical nursing, and surgical nursing. The first chapter, as heretofore, is devoted to "Nursing as a profession," and in this we wish that Dr. Cuff had had the assistance of an experienced nurse to bring it up to date. The arrangement of the succeeding chapters is practically the same except that the nursing and feeding of sick children are now divided: "Infant Feeding" being included in Part I and the "Nursing of Sick Children" in Part II.

The chapter on Infant Feeding which is new material should be carefully studied. It emphasises the importance of breast feeding, and gives directions for the management of the mother during lactation, the best method of weaning, and the subsequent diet. The Artificial Feeding of Infants is then considered, including General Observations on Foods in Infancy. Milk and its composition, the comparison of human and cow's milk, and the modification of cow's milk are discussed.

The next section deals with the management of infant feeding, and tables are given showing the daily amounts suitable for an average infant of normal weight. Other foods are then discussed and the weight chart in use at Queen Mary's Hospital for Children is published. The chapter is a distinct gain to the book.

The chapter on Medicines and their Administration is most important as well as practical.

*Published by William Blackwood & Sons, Edinburgh and London.
A method of administering castor oil and cod liver oil is worth notice: "Put the oil into a small quantity of strong lemonade, and at the bedside stir in a little baking soda. If the mixture is drunk while effervescing no oily taste will be perceived." Quinine, we are told, should be dropped on the surface of an ounce of milk, and at once taken.

When to give medicines, the method of administering hypodermic injections; and drugs which may produce symptoms of poisoning, are sections with which every nurse should be thoroughly familiar. In the chapter on the Nursing of Sick Children some remarks on "lavage" are added, as there is some difference in the method of using it for an adult as compared with a child, and, a note on "Subcutaneous Saline Infusion" is also of value.

To the chapter on "Contagion and Disinfection" are added several pages on "The more recent methods of isolation, including cubicle wards and 'barrier nursing,' or 'bed isolation." They conclude: "There is considerable difference of opinion as regards the respective merits of the methods of isolation that have been briefly described in the preceding paragraphs, but very few medical men are at present willing to believe that the risk of air borne infection can be safely neglected and attention be paid alone to the personal factors. It must, at any rate, be obvious that the most conscientious nursing is required to permit of bed isolation being attempted without the risk of disastrous failure."

In regard to the administration of anti-toxin in diphtheria a note is added explaining that "anti-toxin is usually injected under the skin at the side of the abdomen, since any inflammation that may result will cause less inconvenience to the patient in that region than it would on the back. To prepare a patient for an injection of anti-toxin the nurse should, after thoroughly scrubbing her own hands in soap and hot water, treat the part of the abdominal wall that is to be injected in the same way, sponge it with alcohol and cover it with a sterile towel."

In the chapter on "Other infectious diseases," instruction has been added as to syphilis, congenital syphilis, gonorrhea, outbreaks of vaginitis in wards containing a number of little girls, and the methods by which it is spread: "either the presence of the primary case in the ward has been overlooked, or adequate precautions have not been taken to protect the other children."

A new chapter is added on "Pulmonary Tuberculosis," and we read that "with the advent of the National Insurance Act and the provision of sanatorium benefit, the treatment of pulmonary tuberculosis has become a matter of increased interest and importance to nurses."

A new chapter has now been added on "The Treatment of Disease by Vaccines, Light, and X-Rays—New Growths," without which knowledge a nurse cannot now-a-days be considered up-to-date.

M. B.

REFLECTIONS

FROM A BOARD ROOM MIRROR.

The distribution committee of the Alexandra Day collections met at the Mansion House on Monday, the Lord Mayor presiding.

It was reported that after the payment of all expenses, of which the making of the roses was the chief, there would be about £21,000 to distribute, or £3,000 more than last year. Of that sum Queen Alexandra, at the wish of the committee, had 250 placed in small testimonials among which she desired £1,000 divided, and the committee proceeded to allocate the remainder.

Braintree (Essex) Guardians have unanimously decided to appoint Mrs. Annie Barlow, workhouse master, in succession to her husband, Mr. C. H. Barlow, who died a month ago.

Last week Lady Derby opened the new Sir Alfred Jones Ward of the Liverpool School of Tropical Medicine which has been provided at the Royal Infirmary out of benefactions under the will of the late Sir Alfred Jones. Lady Derby was presented with a gold card-case as a souvenir of the occasion.

Members of Parliament picked up their ears on Thursday when Mr. Montague, speaking for the Government, on the third reading of the Finance Bill in the House of Commons, mentioned the foundation of a "State Medical Service" as one of the means by which social evils were to be dealt with. From this statement it would appear as if the Chancellor of the Exchequer had determined to set up such a service. Medical opinion is strongly divided upon such a policy.

"MATTHEWS' MANUAL OF NURSING HOMES."

A most useful publication is "Matthews' Manual of Nursing Homes and Hydros of the British Isles and Guide to Spas and Health Resorts," published annually by Alex. Matthews & Co., Ltd., 93 and 94, Chancery Lane, London, W.C., price 2s. 6d. Those in search of accommodation in the beauty spots and health giving resorts of the United Kingdom, including the Channel Islands, which is suited for those not in robust health and needing skilled attention, can scarcely do better than consult this manual. Indeed, the only difficulty likely to present itself is the difficulty of selection, so attractive are the illustrations, so alluring the advantages of many Homes and Hydros detailed in its pages.

The manual should be in hands of all doctors and private nurses. An interesting section is that devoted to descriptive articles on Health Resorts, and the invalid will be hard to please who cannot find amongst these one which will be congenial and health giving.
THE DUBLIN CIVIC EXHIBITION.

THE NURSING EXHIBIT.

Among the many interesting sections of the Civic Exhibition at Dublin is that under the management of the Irish Nurses' Association.

This section consists of two rooms, furnished as up-to-date Hospital Wards, one a surgical, the other a maternity ward.

On entering the wards the visitor first sees a white enamelled cot containing the figure of a child, with "an extension" fitted on. Next are two of the "Nesbit-Evans" patent hospital beds, the first a "Patent Easy Wheeling bed," which can be instantaneously wheeled away and rendered rigid, the second a combined medical and surgical bed with pulley attached. Across one of these beds is a bed table of polished wood with glass top. This table, which can be easily wheeled up to the patient when required, has a dainty laid tray for the patient's tea.

Each bed has a screen, hung with green casement cloth, which can be easily removed and washed.

Other exhibits which may be studied with interest include an armchair with a sliding back, which can change it to a reclining couch, a glass-topped dressing wagon equipped with the latest white-enamelled steriliser, bowls and trays, &c., and a large white "Poison Cupboard" with glass sides, door and shelves.

On a table in the centre of the room is a display of splints, and an "Eye Tray" furnished with the most up-to-date appliances.

When leaving the ward one may see a cheerful looking little figure sitting up in a green cot with brass fittings. This is the convalescent patient.

Among the Exhibits in the Maternity Section is a Baby's Toilet tray. The tray is of enamelled iron holding a tiny bowl, a bottle of boric lotion for the eyes, and four little boxes with covers, one for wool swabs, another holds umbilical dressings, a third powder, and the fourth sewing materials—a very neat and easily kept clean equipment for hospital use when each pupil midwife should have her own supplies.

There is also a maternity bedstead as used in the Rotunda Hospital, which is so arranged that by simply turning a handle at the side of the bed the wire mattress can be raised gradually to the desired height. The patient thus comfortably rests in a reclining position while drainage is promoted.

A child's crib shown by Nesbit-Evans & Co., Birmingham, has a device by which the sides are fixed when in position so as to prevent the child moving them, and when they are dropped they slope under the crib, thus making a great improvement which will be much appreciated by nurses.

A Thermes Saline Infusion apparatus, supplied by the Holborn Instrument Co., is also on view, the working of which, several nurses tell us, is both simple and effectual.

An arrangement for screens is very simple, a rope wire being attached to the walls, and dainty curtains hung on by means of brass hooks about a foot in length, so that nurses of any stature can easily move them.

The thanks of the Association are due to all the hospitals and firms who so kindly lent the various exhibits; also to those ladies who by their gifts of flowers helped to make the wards bright and cheerful.

ROYAL COMMISSION ON VENEREAL DISEASES.

At the forty-sixth meeting of the Royal Commission on Venereal Diseases evidence was given by Dr. Svend Lomholt, Surgeon at the Municipal Hospital at Copenhagen, regarding the methods adopted for dealing with venereal diseases in Denmark.

The principle has been to provide free treatment and to render it as easily accessible as possible. As early as 1773 a rescript provided for free treatment of all poor persons suffering from venereal diseases in one of the provinces of Denmark, and similar regulations were made from time to time until by an Act of 1874 it was laid down that every person should be entitled to free treatment for venereal disease without regard to his ability to pay.

In reality little was done to make this right to free treatment of practical value until 1906, when an Act was passed which contained a provision compelling the municipalities to arrange easy access for free consultation and treatment for all persons suffering from venereal disease.

Since that date, especially in Copenhagen, in which town probably 80 per cent. of the disease occurring in the country is to be found, a great deal has been done. Very complete hospital facilities have been provided, and in addition there are three public consulting rooms for contagious and venereal diseases at one of which evening consultations are held.

Twelve municipal doctors (two of whom are women) have also been appointed for the purpose of giving free treatment of venereal diseases.

The experience has been that patients have shown themselves very ready to take advantage of these facilities.

In some directions compulsory measures have been adopted. A doctor treating a case of venereal disease is required to point out all the consequences of the disease, and there is also provision for securing that persons suffering from venereal disease shall continue their treatment. Dr. Lomholt thought that this latter provision had been very useful.

A system of confidential notification of venereal diseases is in force. The names and addresses of the patients are not notified, and the cases are identified only by numbers, and the notification is consequently only of use for statistical purposes. Dr. Lomholt has made a critical examination
of the published figures, and showed that they
could only be accepted with a good deal of reserve.
Mr. Charters Symonds, consulting surgeon
at Guy’s Hospital, giving evidence, laid stress
on the need for largely increasing the means
available for treating venereal diseases. He
thought that existing institutions should be
utilised as far as possible, and that these together
with any additional provision which might be
made should be linked up with Insurance Com-
mittee areas and with panel doctors. Evening
clinics should be provided at every centre. It
would be necessary that a scheme of this kind
should receive adequate subsidies from the State.
Mr. Symonds advocated the formation of a
National Society which should supervise the
selection of lecturers, the scope of teaching, and
the publication of books and pamphlets with a
view to the education of the public respecting
venereal disease. Such a Society, he thought,
should be voluntary and should be ready to assist
the Government in any measure of which the
Government approved. He would propose that
the Royal Society of Medicine should nominate
persons to serve as a committee of this National
Society, and that a definite sum of public money
should be placed in the hands of that Committee.
With regard to the question of notification,
Mr. Symonds said that the experience of other
countries showed that in the present state of
mind of the people notification was ineffective.
It led to greater concealment of disease, and
tended to drive sufferers to quacks’ treatment.
He thought there could be little doubt that
notification would help towards suppression of
disease, but it was necessary to wait until people
had become educated in the matter. The demand
for notification and international action might
then come from the great mass of the population
of this and other countries.
Mr. Arthur J. Evans, Honorary Surgeon to
the Stanley Hospital, Liverpool, was of opinion
that if better facilities for treating venereal
diseases could be provided at the general hos-
pitals, the spread of the infection would be
reduced. The establishment of such a clinic
to a hospital should be financed and
controlled by the State and not by the Committee
representative of the charitable public.
Mr. Evans stated that in his capacity as visiting
surgeon to the Brownlow Hill Poor Law Infirmary
a very large number of venereal cases were brought
to his notice.
He thought that in Poor Law patients the
general percentage of the later manifestations
was very high. In the male sex this was exceed-
ingly striking, and in a larger number of cases
permanent incapability of earning a livelihood
was produced. Many also were beyond any
hope of benefit even by modern treatment.
A great difficulty in regard to Poor Law patients
arose from the fact that there was no law to
compel those patients to remain till properly
cured. Patients frequently left the hospital
while still in an infectious state.

As medical adviser to an important shipping
company Mr. Evans said that it was his experience
that a great deal of venereal disease was introduced
from abroad, and it was his opinion that this
continuous introduction of disease into this
country should undoubtedly be brought under
control.

He recommended that the Board of Trade
should take steps to warn and explain to seamen
and others the dangers of contracting venereal
disease and the danger of infecting others of the
community. The importation of disease would be
treated as greatly lessened if sailors were aware
of the risks encountered in foreign ports, and
especially in the tropics.

INFANT FEEDING.

Messrs. A. Wulfling & Co., 13, Chenes Street,
London, W.C., have published, in very attractive
form, a lecture by a practising physician entitled
"Hints for Nurses in the Treatment of Difficult
Cases of Infant Feeding." With the exception
of the title, which apparently concedes the right
to nurses to treat difficult cases, which should
always be under the care of an experienced phy-
sician, the nurse aiding him in every way, this
brochure has much to commend it. It is really
a treatise showing the value of Albulactin in
the dietary of bottle-fed babies, and some very
striking instances are given. Incidentally we
may remark that if this valuable preparation
were used regularly from the time that bottle
feeding begins, many of the cases of infant feeding
would never become difficult, because Albulactin
supplies to the milk mixture the vital ingredients,
and so gives the infant the nearest possible ap-
proximation to its mother’s own milk. The
author of the brochure insists that "no matter
how cleanly, healthy, or well fed the cow is from
which we get our milk for feeding babies the
milk of the cow can never be the equivalent, or
equal, of mother’s milk. There is a certain
substance known as lactalbumin, which mother’s
milk contains in large quantity, and which cow’s
milk contains only in very small quantity. This
lactalbumin is absolutely necessary for the health
of all infants, and for the easy digestion of all
milk preparations by the infant."

THE “TABLOID” TRIANGULAR BANDAGE.

Will our readers kindly note that the price of
the "Tabloid" Triangular Bandage put on the
market by Messrs. Burroughs, Wellcome & Co.
is 9d. not 1s. 8d. per packet of two.

VAPAROLES.

In connection with the "Vaparoles" supplied by
the same firm, a dainty product is "Vaparole"
Nuclein, a hypodermic product supplied in
hermetically sealed glass containers specially
designed for convenience in hypodermic medica-
tion. The Nuclein product is intended to increase
the bodily resistance to bacterial invasion and to
raise the opsonic index.
OUTSIDE THE GATES.

WOMEN.

The Bishop of London has withdrawn the Criminal Law Amendment Bill, as the amendments have greatly changed its character. He proposes to bring it in again next Session, when he hopes a Select Committee will be appointed to thrash the matter out in detail.

With many others deeply interested in the provisions of this Bill, we are glad to know it has been withdrawn, as it passed as amended, it would only add to the present miserable condition of the young girls it was proposed to protect.

At a recent meeting of representatives of societies convened by the Penal Reform League to consider practical steps to secure the appointment of suitable women as police constables, the following resolution was supported:— "That this meeting is of opinion that there is great need for women police. It therefore urges the appointment of Women Police Constables, with powers equal to those of men constables in all County Boroughs and the Metropolitan Boroughs of the County of London."

"This joint committee of societies interested in the work and welfare of women and children and in penal reform, believing that the employment of policewomen will emphasize the preventive and protective side of police work, supports the above resolution."

"This committee further urges the advisability of commencing by giving constitutional powers to women of high reputation, character and experience under the chief constable or other police authority."

"That the London County Council and the Commissioners of Works be asked to appoint women park-keepers in the open spaces under their control."

California and its wonderful people are now becoming of great interest to us with the prospect of a visit so near. We may gather from the following Creed, which appears in the Pacific Coast Journal of Nursing, something of the feeling of its women:

CREED OF CLUB WOMEN.

No more beautiful or perfect expression of an ideal has ever been written than the creed of club women of the southern district of the California Federation of Clubs, who recently concluded their annual convention at San Diego. The creed was printed on all programmes used at the convention, and is as follows:

- Keep us, God, from pettiness; let us be large in thought, in word, in deed.
- Let us be done with fault-finding and leave off self-seeking.
- May we put away all pretence and meet each other face to face—without self-pity and without prejudice.
- Help us to forgive and forget injuries and always to remember benefits.

May we never be hasty in judgment and always generous.

Impress us with a sense of individual responsibility for every interest of the club.

Let us take time for all things; make us grow calm, serene, gentle.

Teach us to put into action our better impulses, straightforward and unafraid.

Teach us to see and appreciate the good in others, to as sacrificially guard and defend the character and good name of each member of the club as those of the family, and to remember that the use of dishonourable methods in club life for women will be the death knell of all pure womanly organisation.

Grant that we may realise that it is the little things that create differences; that in the big things of life we are as one.

May we strive to touch and know the great common woman's heart of us all, and O Lord God, let us forget not to be kind.

Guide us in the development of a spirit of mutual sympathy and appreciation.

BOOK OF THE WEEK.

"PITY THE POOR BLIND."

The title of this book refers to a lack of spiritual vision and is the chronicle of a few months in a young clergyman's life.

His antecedents were humble, and that combined with a certain amount of bumptiousness made him somewhat unpopular in the East End Clergy House where his sphere of work lay.

He was, it is explained, tantalisingly blessed by Nature, but unjustly handicapped by circumstance.

Certainly Mummy was a trial, though her son Albert at heart was very fond of her. Arriving at his mother's lodgings he was saluted with,

"How are you dear? How are you after all this long time?" Mr. Thompson winced a little at the deere, and still more when she would have kissed him before the languid niece of the landlady who condescended to wait on them. He avoided the calamity, but felt that a real lady could not have even attempted it.

"He scolded her pleasantly for her lack of restraint. "But, oh, well, mummy dear, if you don't see'- and then he had to rise up hurriedly and kiss something away from poor mummy's right cheek."

It was for aforesaid reasons that his vicar selected him to take charge of an obscure country village during the temporary illness of a friend, and the Clergy House seemed relieved in his absence.

At the end of his journey Fate, and the mischievous prank of a schoolgirl, cause him to be introduced to a rowdy sporting family.

Selina Chote, aged fifteen, was on the platform with her father, waiting for the arrival of a guest who bore the same name as our curate. The train being behind time, Sir George leaves her to meet his guest, for she reports the station master to have said, "I'll be pleased to let you know, Miss Selina, the very minute...

The younger Miss Chote permitted this apparently endless monologue to draw comfortably from her lips after the placid custom of Mr. James Gregory. She might have proceeded indefinitely had not her father interrupted her with considerable emphasis.

"O, hang it all," he said, "keep your mouth shut.

It was this sort of young person who conceived the idea of substituting the Mr. Thompson who did arrive for the Mr. Thompson who didn't. He, poor man, understood her to be the vicar's daughter, and a bewildering conversation ensued.

"I suppose your father doesn't keep a curate," he suggested.

"No," said Selina, "I sometimes wish he did.

"That's Longstone," said she, holding her head. "And who lives next the Church?"

"The Vicar," said Selina, briefly.

Mr. Thompson stared at her.

"But aren't you—isn't your father the vicar?"

Selina lifted her eyebrows ever such a little.

"Oh, no," she said, "only the squire.

"It's very good of your father," he said at last, "to take such an interest in me...

"O, not at all," said Selina. "Father's a very affectionate man.

The way in which Mr. Thompson's eyes were opened to his own shortcomings is not very convincing.

Berenice's first essay in religion under his guidance begins the process, but we are glad to think that at any rate it ends in complete satisfaction for poor Mummy.

H. H.

COMING EVENTS.

July 30th.—Deputation received by the Home Secretary in support of State Registration of Nurses, Home Office. 12 noon.

August 5th.—Central Midwives' Board: Next Written Examination in London. The oral examination follows a few days later.

WORD FOR THE WEEK.

"Training has given us our definite place in the community, and carried us beyond the confines of creed and country, beyond the bounds of luxury and poverty, into close communion with the brotherhood of man."

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.

PERSUASIVE COERCION.

Dear Madam: It may interest many of your readers to know that great pressure is being used, through the secretarial department of many hospitals to influence the nursing and medical staffs to sign Lord Knutsford's Protest against the Nurses' Registration Bill, and all sorts of arguments are being used to influence the nurses. For instance, in this hospital many of us do not wish to sign against it, we know very little about the Bill, and some of us refused. The Matron then told us even if we are in favour of registration, it is a bad Bill, therefore we had better sign. That is the way nurses' names are secured. I refused to sign that I considered it a bad Bill before I had read it. I now have the Bill, and hear it gives far too much representation to the nursing profession ever to pass without opposition from those who grudge us independence and liberty. The Bill is good enough for me.

Yours truly,

A Staff Nurse.

[Yes, the policy of those who oppose registration is, first sign against the principle, and if a nurse supports the principle, as every intelligent nurse does, then sign against the Bill. It is a bad Bill. Wait and see, something better will come along. Hundreds of nurses have signed the anti-protest who have never read through, or had the Bill explained to them. The Bill is democratic; it provides the one portal to the Register, and direct representation for the registered nurses as a whole—that is, they have votes and can elect which matrons and nurses they please on to the Governing Body. That is, of course, a "had" provision for autocratic bodies and others, who have for years opposed any degree of self-government for the nursing profession. But it is a first-class principle upon which to build up a profession of thinking, well-disciplined women.—Ed.]

OUR PRIZE COMPETITIONS.

August 8th.—Why are Flies dangerous to health? Describe how to prevent their multiplication, and how best to exterminate them?

August 15th.—Name three different channels of elimination by the body, and the functions of the organs connected with each.

August 22nd.—Describe the Hydro-Therapeutic treatment of high temperature in pneumonia.

August 29th.—State what you know about Pemphigus, and the midwife's duty in connection with it.
THE LONDON COUNTY COUNCIL (GENERAL POWERS) BILL.

THE REGISTRATION OF LYING-IN HOMES. (Continued from page 92.

Dr. W. H. Hamer, Medical Officer of Health and School Medical Officer of the County of London, was the next witness before the House of Commons Local Legislation Committee. He stated that he was also the Executive Officer of the Council responsible for the discharge of its duties under the Midwives Act, 1902, which involved the supervision of all certified midwives practising in the county, and the carrying out of those sections of the Act which deal with the practice of uncertified women acting as midwives. The Midwives Act gave certain powers analogous to the powers being asked for in the Bill in regard to certified midwives, but none of the same kind in regard to the uncertified. Broadly speaking, the Bill sought to assimilate the practice with regard to uncertified midwives to that prevailing under the jurisdiction of the County Council with regard to certified midwives. He considered the powers sought for under Part IV of the Bill very much needed, and from his knowledge as medical officer, in the case of lying-in homes in London, he considered it very desirable to obtain some control over the lying-in homes in London. The Council was not fully aware exactly how many of these places there were, but as far as they could judge they divided them into those kept by midwives who had given notice of their intention to practise, or which there were something like 50 to 80, and those of the other class, which might be divided up into two again, those which were kept by women uncertified and uneducated, the class of home with which they particularly wished to deal, and then there was another group, what were commonly known as nursing homes, where the woman was a certified midwife but had not given notice of her intention to practise, and there were probably something like 120 of these. In reply to a question from the Chairman, the witness said that the midwives in the second class of the second group did not give notice of their intention to practise because there was a doctor in attendance on the cases. In the first class in the second group the women were not midwives at all. In London it was especially necessary to control these homes owing to the fact that they were conducted with as much secrecy as possible. London was resorted to by numbers of people from outside. They saw advertisements in weekly papers, and the women were told in these advertisements that their secrecy was maintained, and numbers of women came from a considerable distance round London to these homes. In 1906 the Midwives Act Committee caused inquiry to be made into the subject of lying-in homes, and an investigation was made by Dr. Wanklyn of the Public Health Department, and his report was read by Sir Shirley Murphy to the Departmental Committee held in 1909 to inquire into the working of the Midwives Act, 1902.

"Speaking generally," Dr. Wanklyn reported, "of no house can it be said that special preparation is made for the reception of pregnant women; all the rooms I saw are domestic, so to speak, instead of being fitted as for a surgical operation. In the majority of cases the rooms were, if not dirty in the ordinary sense, untidy and littered with an abundance of clothes, furniture or ornaments which makes the removal of dust almost impossible. There was no special provision for the reception of the patient; this takes place in the room in which she is confined; her luggage, books, and clothes and personal effects generally remain in this room during her confinement. In very few houses is there a bath room; in many the w.c. is at a distance from the patient's room—one or two floors below it, and the necessary utensils were usually kept in the confinement room. In some houses the midwife sleeps either in the same bed with the recently confined mother, or in another bed in the same room; the infant is in some cases kept in bed with the mother, in others provided with a separate box or cot. Arrangements for waiting on the patients were obviously incomplete, and in one patient's room which I saw were unemptied slops (a stool) which, there was reason to believe, had been left in the room for a considerable time."

Dr. Hamer said that these were conditions which every effort ought to be made to put a stop to. Recent inspections showed that the above accurately described the state of things in many of these so-called lying-in homes.

Dr. Hamer further instanced the case of a house which was unsuitable for the reception of maternity cases owing to its worn-out condition and improper water supply. The whole of the water for domestic use was drawn from a cistern abutting on to the wall of an adjoining w.c. In this wall there was an opening ventilating into the cistern below the cover. The cover was defective, and did not keep out the dust and dirt or the rain water washing down the walls, and in addition to the emanations from the w.c. in question, children using it frequently put their noses through the opening into the cistern, and although the occupier said that he frequently cleaned it out the water quickly became tainted. He further stated that this water was used for washing out the infants' feeding bottles, and that it was used in their milk. The same objection applied to this water as regards its use for lying-in cases.

The person who looked after these premises
was unsatisfactory. A servant girl confined there had to do her own washing immediately after her confinement, and became ill, and the child developed ophthalmia. The mother and child slept in the front basement kitchen, which was really a room which could not have been legally occupied as a separate sleeping apartment. In another case of a servant whose child died from infantile diarrhoea, there was good reason to suppose that the child would not have died if it had had proper care. It was looked after by two little boys, children of the woman who was supposed to look after the house.

In addition to the unhealthy conditions, irregular practices went on in these homes. In some exaggerated fees were charged; in some cases there was actual procuring of abortion; there was cruelty to the mother and child incidental to the child being removed immediately after it was born; and then, undoubtedly, some of the people who kept these homes were of drunken habits and associated with the carrying on of prostitution. In one house, for instance, the husband lived on his wife's earnings, and interviewed the women who were to be confined. The women while waiting had been put to hard work, and complained of the husband having acted in an undesirable manner towards them. The husband told the inspector nearly all the patients were single girls; they looked upon him as "Dad," told him all their troubles, and discussed matters with him they would not mention to his wife. In this house one of the girls had a difficult labour, and stitches had to be put in. This husband of the proprietress carried the girl upstairs, and some of the stitches were torn through. Though they knew what had occurred no doctor was called in. That was a very serious thing.

Again, these lying-in homes formed a depot for the traffic in the adoption of children. Agreements were made, and sums varying from £10 to £100 were given for procuring the adoption of a child. The children were sent out of London, and it was impossible to trace them. It would be a great advantage if some record were kept of these places so that it would be possible to trace the children. The infants were separated from the mother at birth, because otherwise the mother wanted to keep the child, so it was hurried away as soon as possible. The witness said he knew of one lying-in home where seven infants were removed on the day of their birth. In one such home the woman in charge had formerly been imprisoned as a criminal lunatic.

At the conclusion of Dr. Hamer's evidence Mr. Courtauld was recalled and cross-examined.

(To be continued)

THE MIDWIVES (SCOTLAND) BILL.

Before the Scottish Midwives Bill passed through Committee an amendment was carried restricting the penalty attached to women not certified under the Bill attending women in childbirth, otherwise than under the direction of medical practitioners, to those who practise habitually for gain." Mr. Barnes said it was only as part of "a bargain," that he would move to add them to this Bill, that Sir Frederick Banbury allowed the Bill to be read a second time.

THE CENTRAL MIDWIVES BOARD.

PENAL BOARD.

A special meeting of the Central Midwives' Board, for the hearing of charges alleged against seventeen certified midwives, was held at Caxton House, S.W., July 22nd, with the following results.

Struck off the Roll and Certificates Cancelled.—Frances Clarke (No. 10530), Mary Folland (No. 10886), Matilda Halliday (No. 18847), Janet Hanson (No. 18613), Ann Holmes (No. 10010), Jane Pincosme (No. 17350), Emma Poulton (No. 12509), Elizabeth Roberts (No. 14173), Marie Alexandra Scare (No. 11811), Harriett Stone (No. 18197).

Severely censured.—(Report asked for from Local Supervising Authority in three and six months' time) Sarah Hudson (No. 10335), Caroline Meredith (No. 12239).

Three cases were adjourned. In another the Board considered the charges not proved, and took no action, and one midwife had died.

In the case of Sarah Hudson, who did not explain that a case of inflammation of and discharge from the eyes of a child was one needing the advice of a doctor, the Chairman said the case was an extremely bad one, and the midwife thoroughly deserved to be struck off the Roll for gross carelessness.

In the first adjourned case the midwife, who was present, and who was charged with being intoxicated at a case, and unfit for the performance of her duties, pleaded illness. The Chairman informed her that the Board expected her to produce evidence of the illness, and testimony of her habits as to sobriety from competent persons.

The second adjourned case was defended at length by the Rev. E. R. Sill, who asserted that the midwife's certificate and register of cases had been sent to the Board by registered post on the previous evening. The Board therefore decided to adjourn the case till these had been received.

The third adjourned case was that of a midwife who was not charged with any professional delinquency, but of misconduct in living with a man who was not her husband. She pleaded that she was separated from her husband, and had trained as a midwife to support herself, the Guardians taking charge of her children. She admitted that she had a child two years old of which the man with whom she was accused of living at present was the father, but denied having associated with him for two years, though she still lived in the same house—statements corroborated by the man's sister. The case was adjourned for further evidence, and in order that the Board might inquire from the Guardians why they had custody of the children.
MONTHLY MEETING.

The monthly meeting of the Central Midwives' Board was held at Caxton House, S.W., on Thursday, July 23rd, Sir Francis Champus presiding:—

REPORT OF STANDING COMMITTEE.

A letter was received from the Clerk of the Council transmitting a copy of the Programme of the Third International Congress of Midwives to be held at Vienna from the 22nd to 26th September next.

A letter was read from the Committee of a provincial District Nursing Association with regard to the falsified birth certificate tendered by the Superintendent of the Association on behalf of one of her pupils with the object of obtaining admission to the Examination of June 13th.

Letters were also read from the Superintendent of the Association and from the pupil.

The Board decided that inasmuch as several of those responsible for the training of pupil midwives do not seem to have paid attention to the warning circular issued by the Board on June 27th, 1914, the Board gives notice that no candidate whose certificate appears to have been tampered with will be allowed to enter for the Examination for which it has been tendered, but that such action is not to prevent the Board from taking any further steps which it thinks desirable in the case of any certificate which appears to have been altered fraudulently.

Further, that the Board advises those responsible for the training, both in their own interests and in those of their pupils, to obtain their birth certificates at the beginning of their training, and to see that they have not been tampered with.

It was agreed that this decision should be sent to all trainers, and that the Schedule should be altered so as to include the certificate of birth.

The Secretary reported that the Matron of a recognised Training School had, with the Examination Schedule of one of her pupils, tendered a certificate of birth that had been tampered with.

The Board resolved (a) that the candidate be not admitted to the Examination until a satisfactory explanation of the alteration of the birth certificate be furnished to the Board; (b) that the attention of the Matron be called to this matter in which she has failed in her responsibility, and that she be warned that serious notice will be taken of any failure in her duties to the Board in future.

Correspondence with the Examiners of the Bristol Examination Centre asking the Board to hold Examinations in Bristol every two months instead of every four months, as at present, was considered, and it was agreed to grant the application.

A letter was read from a certified midwife complaining of the conditions of midwifery practice in Bangor, and the absence of inspection by the Local Supervising Authority.

It was decided to reply that the midwife be informed that the Board regrets the difficulties incidental to the practice of midwifery in Bangor, but has no jurisdiction over the County Councils, which appoint inspectors, but they are referring the matter to the County Councils' Association.

A letter was received from Miss Gertrude Jeanie militia, 230, asking the Board to approve her temporarily, pending the appointment of a successor, for the purpose of undertaking the practical training of midwives for the Lincoln Nursing Society owing to the midwife lately in charge having resigned her post unexpectedly. The application was granted.

A letter was received from the Registrar of the General Medical Council with regard to the action taken in respect of the registered medical practitioner who had, on behalf of a candidate entering for the Examination, certificated to his personal knowledge the correctness of certain details which had previously been falsified by the candidate herself.

The Board resolved that the Registrar of the General Medical Council be thanked, and be informed that in the opinion of the Board no further action be taken.

A letter was received from Mrs. Heywood Johnstone asking the Board to approve Miss Henrietta Maud Harley, No. 35901, to supervise the practical training of pupils at the Heywood Johnstone Memorial Home owing to the sudden illness of the Matron. This was granted.

APPLICATIONS.

From Certified Midwives.—Applications from seven certified midwives for the removal of their names from the Roll on the ground of inability to continue practice, old age, and ill-health were granted.

From a Registered Medical Practitioner.—The application of Mr. Henry Edward Gough, M.R.C.S., L.R.C.P., for approval under Rule C. 1 (2) was granted.

From Certified Midwives.—The applications of the following certified midwives for approval under the same Rule were granted: Midwives Julia Guthrie, Harriet Johnson, Maria Blow, and of Midwife Emily Button pro hac vice.

The report of the Finance Committee having been adopted, the Secretary presented the report of the recent examination. It is noteworthy that Queen Charlotte's Hospital, which sent up 20 candidates, 25 per cent. more than any other London hospital, had no failure, the next, with 13 candidates, passing 13. The uniformly excellent results attained by Queen Charlotte's of late years, appear to afford an excellent object lesson to other hospitals of the value of a preliminary training school.

OTHER BUSINESS.

The Chairman then said that the question of temporary assistance for the Secretary must be considered, and Mr. Hubert Sutton, barrister-at-law, was appointed, subject to the approval of the Privy Council, the appointment to be terminable at the pleasure of the Board.

The next Special Board Meeting will be held on Thursday, October 22nd, at 2 p.m.
EDITORIAL.

PATRIOTISM.

The call to arms which has reverberated through this country with such sudden urgency since our last issue has its echo in the equally urgent call to trained nurses to be prepared to respond to any summons to place their services at the disposal of the sick and wounded.

To the call of her countrymen every nurse will respond, but the claim upon her is wider even than that of patriotism. There is no nationality in nursing, and in connection with their professional work nurses are above and beyond the sphere of politics. It is no concern of theirs whether a sick or wounded man is the defender or the foe of their country. Humanity demands that they shall do everything in their power to relieve his sufferings, to heal his wounds, and to lessen the burden of misery which inevitably follows in the wake of war.

It is in a time of national crisis, such as the present, that the value of training and discipline are apparent. There is probably not a woman in the country who does not desire to place her services at its disposal, and time will show many ways in which women's work can be utilized, but, in the supreme care of the moment, the provision for the sick and wounded, it is to trained nurses that the call is made, and they are answering it with the prompt efficiency of the disciplined worker.

Now is seen the value of preparation in time of peace. On enquiry at the Medical Department of the Admiralty we learnt that of the 250 nurses provided for in connection with Queen Alexandra's Royal Naval Nursing Service Reserve, Class A has been called up, and 62 nurses from some of the principal civil hospitals in the United Kingdom proceeded on Monday, at 24 hours' notice, to various naval hospitals, to replace the Sisters of the Royal Naval Nursing Service ordered elsewhere, or to augment the present staffs. Class B will be ready for duty in a fortnight, and Class C will be available if wanted. Hospital "carriers" are in readiness, hospital ships will follow the Fleet.

At the War Office we learnt that the Matron-in-Chief had at present no authority to give any information. There was however evidence of activity in plenty, and members of the Territorial Force Nursing Service have been notified that they must be ready for duty at very short notice. As an instance of the spirit inspiring trained nurses it may be mentioned that on the steps of the War Office we met the Superintendent of a private nursing home, who was waiting to put her home and the service of her staff, at the disposal of the authorities.

At the Office of the Red Cross Society, which works under the War Office, nurses with three years' certificates of training are being enrolled for service in case of need, and all applications received at the War Office are referred to the Red Cross to deal with.

The key-note of the usefulness of trained nurses just now is that all should perform willingly their allotted work in their allotted place. It is impossible that more than a certain proportion should have leave of absence from hospitals and private nursing institutions, and those enrolled in the Naval and Military Nursing Reserves, and in the Territorial Force Nursing Service must first be spared. If the vacancies thus caused mean, as they will mean, extra work, and some inconvenience, for those who have to carry on the routine work of the civil hospitals that is their share of the national burden, to be accepted cheerfully. By quiet, restrained, disciplined action, by ready response to the call of duty, we are confident that trained nurses will fulfill their high vocation with endurance, foresight, strength and skill, and render service of the highest national value.
OUR PRIZE COMPETITION.

WHY ARE FLIES DANGEROUS TO HEALTH?.
DESCRIBE HOW TO PREVENT THEIR MULTIPLICATION, AND HOW BEST TO EXTERMINATE THEM.

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

PRIZE PAPER.

In no subject has education been more rapid than in the public regard of flies. In our own childhood the children who killed flies were reproved and called cruel.

About the beginning of the present century scientists began to investigate flies. They discovered that the fly is the "most dangerous wild animal of any continent." Unlike some other natural pests, it serves no purpose whatever, and its total extermination could only prove an unmixed blessing.

Flies breed in filth and live in filth, and they are the chief conveyers of infectious diseases, especially typhoid. Soiled garments and any deposit of sewage or filth form favourite breeding-places.

From the time of the Egyptian plagues, when the plague of "divers sorts of flies" was followed by the death of the children, to the epidemic in London of three years ago, involving thousands of little ones, and with many fatal cases, the fly has always proved especially deadly to the child.

The greatest plague of flies within memory occurred in Cairo in 1909, contaminating milk, food, and fruit. In two months 5,000 children under the age of five died of enteritis.

A hot summer, with its increase of flies, is inevitably accompanied by epidemics of infantile diarrhoea, which is nothing less than poisoning caused by the corruption of milk and food by flies. A fly has a capacity for carrying six million bacteria at once from putrefying matter to the teat of the baby's bottle, the dirty "comforter," and the food exposed on the table and in kitchen or larder. It distributes bacteria over articles of the most intimate personal use—cushions, toilet articles, and pocket-handkerchiefs.

A normal fly can in a normal summer be responsible for 93,312,500,000,000,000 descendants. Therefore to prevent multiplication never regard a solitary fly as too insignificant to demand the effort of its annihilation. The saying "Prevention is better than a cure" applies to nothing more truly than it does to flies. The disregarded fly of late March, which might have been slain by a moment's exertion, has developed by August into a swarm which it appears hopeless to attack. Where flies are numerous the best way to catch them is by hanging up the fly-catchers, which are strips of paper, or wire, covered by some sticky substance. These must be renewed frequently.

A solution of formaldehyde in a saucer will attract and kill many where no other fluid is accessible to them. Flies dislike a draught, and will avoid a room having a current of cool air blowing through it. An electric fan will ensure complete immunity from them. They have a marked preference for white, gold, and green, and avoid scarlet. On a low ceiling they may be caught in hundreds by simply holding a wineglass of petrol under the insect, the fumes causing it to drop into the glass.

Where not too numerous, the simplest way is to disable each fly at sight by a light blow with a folded teacloth, picking it up with spring forceps before it regains its wind. There is an element of sport in this practice, and eye and hand soon become quick and skilful at it.

To rub eucalyptus on the outside of the window panes and paint over the sills and ledges with Izal solution will prevent the entrance of flies. All ledges where dust may lodge should be washed frequently with Izal, as the eggs are laid in dark and dusty corners. All corners adjoining sinks and water closets should be cleaned in the same way. Refuse and garbage should be burnt. Screening and disinfectants should be used in stables.

To protect patients from flies, oil of lavender or geranium, pots of mignonette, and gentle fanning may be employed, all of which drive them away.

Personal experience has proved that by determined effort and perseverance flies may be exterminated in one's dwelling, even though those surrounding declare the battle hopeless because of adjacent bakers, butchers, and refuse heaps. And any should not submit to the daily presence of hundreds. That bakehouses and butchers' shops should be regarded as inevitable breeding-grounds for flies supplies food for disturbing thought.

Above all, we should realise that where there is perfect cleanliness there are no flies.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Gladys Tatham, Miss J. G. Gilchrist, Miss Alice Musto, Miss Marion F. Weale, Miss Dora Vins, Miss Madeleine Smith, Miss S. A. Cross, and Miss F. F. Please.

QUESTION FOR NEXT WEEK.

Name three different channels of elimination by the body, and the functions of the organs connected with each
PROGRESSIVE GERMANY.

COLLEGE FOR WOMEN IN LEIPZIG.

It is well known that in the College for Women in Leipzig a special post-graduate curriculum was established two years ago for hospital nurses, in order to provide them with a good qualification for the posts of Matrons of Hospitals and Superintendents of Sanatoria. A great many women—members of various organisations and Associations—have availed themselves of this course, which is sufficient proof that it has supplied a need. The experiences of the past two years have led to the introduction of a new and more comprehensive plan of study. This plan will be sent to all those interested, free of charge. The course consists of anatomy, physiology, bacteriology, chemistry, hygiene, scientific photography, nursing technique, in addition to hospital administration, &c.

The teaching staff consists exclusively of Leipzig University men (doctors and natural science scholars). Two Nursing Sisters are also engaged in teaching, one of whom has been officially appointed. The College, with its possibilities of creative education, is, in its completeness, the only one in Europe.

Columbia University, New York, with its excellent arrangements, has served as a model. During the past six months the College has been furnished with two perfectly equipped laboratories for the purpose of the post-graduate education of the nurses, namely, one for chemical-physics, for the purpose of research into, and elucidation of, the most important of physical laws; for learning to recognise by reaction important chemical elements. For preparation of solutions, the simple examination of water, gastric juice, urine, and the testing of foodstuffs, &c. The other is a biological-bacteriology laboratory.

The course is for two years, and ends with a final examination. This examination confines upon the students State recognition. One of the advantages of this College is that any Sister (nurse) desiring to qualify as laboratory assistant, or hospital chemist, Röntgen Ray operator, &c., can do so here.

This is a special course and is for one year, at the end of which time a certificate is given. The fees for both courses are £8 the half-year. This extremely moderate sum entitles the students to all lectures and practical demonstrations.

Let us hope when our Florence Nightingale Chair of Nursing and Health is established, we also may have equal educational advantages.

DEPUTATION TO THE HOME SECRETARY.

STATE REGISTRATION OF TRAINED NURSES.

"You have entirely satisfied me on one point, that your claim relates to something quite different from the objections put forward."

—Mr. McKenna.

On Thursday, July 30th, Mr. McKenna, Secretary of State for the Home Department, received, at the Home Office, a Deputation from Societies interested in the State Registration of Trained Nurses, organised by the Central Committee for the State Registration of Nurses.

The Deputation, which was introduced by Dr. Chapple, M.P., who is in charge of the Nurses Registration Bill, drafted by the Central Committee, in the House of Commons, included representatives of the following societies:

The British Medical Association.—Dr. E. W. Goodall, Hon. Medical Secretary Central Committee, Medical Superintendent Eastern Hospital, Homerton.

The Matrons’ Council of Great Britain and Ireland.—Miss E. M. Musson, Matron, General Hospital, Birmingham; Miss Eleanor Barton, Matron, Châlsea Infirmary.

The Royal British Nurses’ Association.—Mr. Comyns Berkeley, Hon. Treasurer of the Central Committee, who had hoped to be present, was unfortunately prevented at the last moment from attending. Miss Isabel Macdonald, Secretary of the Association, was present.

The Society for the State Registration of Trained Nurses.—Mrs. Bedford Fenwick, President; Miss Margaret Brey, Hon. Secretary.

The Fever Nurses’ Association.—Dr. Foord Caiger, Medical Superintendent, South Western Hospital, Stockwell; Dr. Bienacki, Medical Superintendent, Plaistow Fever Hospital.

The Irish Nurses’ Association.—Miss L. C. Keogh, Past President.

The National Council of Trained Nurses of Great Britain and Ireland.—Miss R. Cox-Davies, Matron, Royal Free Hospital, President, League of St. Bartholomew’s Hospital Nurses, and Royal Free Hospital Nurses League.

School Nurses’ League.—Miss H. L. Pearse, President.

Association of Superintendents of Nursing Homes.—Mrs. Arthur Stabb, Chairman.

National Union of Women Workers (Legislation Committee).—Miss E. M. Eaton.

Women’s Local Government Society.—Lady Strachey, President.

Women’s Industrial Council.—Miss Winifred Rintoul.

Penal Reform League.—Mrs. Maxwell St. John, R.R.C., formerly Lady Superintendent in the Indian Army Nursing Service.
DR. CHAPPLE, M.P., INTRODUCES THE DEPUTATION.

Dr. Chapple, who introduced the Deputation, said :—Mr. McKenna, we are much indebted to you that you have consented to receive this deputation organised by the Central Committee for the State Registration of Nurses, so late in the Session, when you have so many claims on your time and attention. The question of State Registration of Trained Nurses is becoming more and more interesting to the public, and I should like to lay briefly before you the reasons of the necessity for such legislation, though I do not propose to trouble you with a long speech.

The demand made is very simple and very moderate. It is not a demand to abolish unqualified practice, although it would have this tendency, because the inducement to become a registered nurse would be so strong that it would naturally be the ambition of those who wished to practise nursing to go through the normal training and get the status of a registered nurse. In this way we hope the area of incompetent nursing would be reduced in time, as the untrained nurses decrease, the trained increase, and those who have gone through the minimum curriculum become registered.

Those who oppose State Registration of Trained Nurses could only rightly oppose it on the score of its injuriously affecting the untrained and partially trained. The present proposals would have no such effect. They simply provide for the classification of those who have satisfactorily passed through the prescribed training as registered nurses. There is no prohibition or disability for the untrained so long as they do not profess to be what they are not—only if they are detected in making a false claim. Primarily and essentially State Registration of Nurses is for the protection of the sick public.

I have followed the State Registration of Nurses in the Dominions and taken some part in promoting legislation, and have found it to be of great benefit. The difficulty of securing legislation is not the same as here, because in the Dominions there are few vested interests. But we ask that without injustice to any one, without cost to the State—as the fees paid by the nurses would cover the cost of administering the Act—that legislation may be enacted which will enable the public to differentiate between the trained and registered nurse, who is recognised by an expert authority as safe, and the one whose qualifications are untested.

DR. GOODALL SPEAKS FOR THE BRITISH MEDICAL ASSOCIATION.

Dr. Goodall said :—Sir,—As the representative of the British Medical Association, one of the Societies represented on the Central Committee for State Registration of Nurses, I think I may claim also to represent the medical profession. The British Medical Association includes 24,000 medical practitioners, and, though there are other Associations, it is the only one which has the means of getting at the opinion of every member, and even of non-members, through its branches and divisions.

The Annual Representative Meeting is composed of 250 representatives of these branches and divisions, and therefore any decision at which it may arrive has been previously considered throughout the Empire.

The General Medical Council was the first body to put forward an opinion in the form of a resolution in favour of State Registration of Nurses. The British Medical Association first appeared in 1895, and since that time it has frequently re-affirmed its decision and did so again only a week ago.

So far as an opinion can be obtained, the opinion of the medical profession has been obtained through the Association. There is no opposition through any organised body of medical practitioners which can profess to speak for it, while the British Medical Association represents all grades.

Some of the most important opposition comes from consultants who are much more favourably placed as regards the services of nurses, both in the best nursing homes and hospitals, than the majority of medical practitioners, so that the necessity for State Registration of Nurses is not brought personally home to them as it is to the general practitioner.

There are three main reasons why State Registration of Nurses is desirable. It is desirable in the interest of the patient, the doctor and the nurse. The demand could not be maintained solely in the interests of a section of workers, but we claim that State Registration of Nurses is also for the benefit of the public.

There is a close relationship between the medical and nursing professions, so close that it is almost correct to say that one could not exist without the other.

A comparatively short time ago a nurse could not be called a highly trained person, nor was there the same need for it as there is at the present time, the highly technical duties required of her to-day were not demanded of her, and her position was comparable to that of a highly skilled domestic servant. But things have vastly changed. With the introduction of anaesthesia, aseptic surgery, X-ray treatment, and other developments of medical science, there is a demand for a great increase in the skill of nurses throughout the whole country. Medical men now carry out lines of treatment their forefathers never dreamt of, and after an operation, the responsible application of treatment is left to the nurse, and unless she is thoroughly competent there is grave danger to the patient.

There is at present no minimum standard of nursing education, and nurses are sent out from small hospitals and homes who cannot possibly be adequately trained because the resources of the institution do not admit of it.
The medical profession realise the great advantage which has accrued to themselves and to the public from a system of State Registration, and they desire that nurses and consequently the public should benefit in the same way.

From the inside knowledge which the medical profession has of the training of nurses, I am able to say that the position is becoming acute. The large hospitals have not yet begun to feel the pinch of the shortage, which exists, of eligible candidates, but in the smaller and special hospitals it is getting most serious, both as to quality and quantity. I am not one who would have anyone from entering the nursing profession provided that her education enabled her to benefit from the training she receives; but I say from personal knowledge that the quality of applicants is falling off sadly. Many of them are the class of persons who have not had sufficient preliminary education to enable them to benefit by training. It is impossible to teach them, because they are not up to it. It is lamentable. It is that of which the British Medical Association is specially concerned and apprehensive, and last week it unanimously re-affirmed by resolution the opinion of the Representative Body that the State Registration of Nurses is desirable, and passed another extremely important resolution emphasising its concern at the increasing number of insufficiently trained nurses, and calling upon the Government to take steps to remedy this evil.

I have said enough to show that the medical profession is as unanimous as it is possible to be as to the necessity for State Registration of Nurses, and sincerely hopes that the Government will, at no distant time, give facilities for the second reading of the Nurses' Registration Bill.

MRS. BEDFORD FENWICK: THE NURSING PROFESSION.

Mrs. Bedford Fenwick said:

Sir,—As the President of the National Council of Trained Nurses of Great Britain and Ireland, representing over 6,000 trained and certificated nurses, I have the honour to place before you some of the reasons why trained nurses desire the passing of a Nurses' Registration Bill by Parliament, a measure which is becoming increasingly urgent. Last year the demands made on trained nurses increased, as new fields of work opened on every side, and at the same time the lack of any status for the thoroughly trained nurse, and the dishonour brought on her calling by those to whom even the extremity of the sick and dying is only regarded as an opportunity for exploitation, is tainting the effect of causing many eligible candidates to eliminate nursing from the list of occupations when deciding upon a career, and on all sides we hear not only of a shortage in quantity, but of a deterioration in the quality of applicants for training, while the increasing demands of medical and surgical science make a higher degree of intelligence imperative in the trained nurse of today.

It is therefore evident that to fulfill the obligations imposed upon it, the nurse, professional should be recruited from the ranks of women of the highest type, of good education, broad sympathies, capable of assimilating the special knowledge, and of acquiring the technical skill, which will fit them for their high vocation. We must bear in mind that it is from the ranks of to-day that the future Superintendents of Nursing must be selected.

It is imperative to get the finest type of women to train, and yet we find that after years of study and experience, nurses pass out of hospital into the various branches of their profession, to find themselves in keen competition with semi-trained and unreliable persons, who, in many instances, have been found totally unsuited for even supervised work in hospital.

Intelligent, well-educated women are awakening to the injustice, after conscientiously preparing themselves for their responsible work, of being classed with unskilled workers, and, worse still, with women of disreputable character.

We nurses, therefore, ask that the term "trained (or registered) nurse" shall have a definite meaning; that anyone using it shall have passed through a carefully supervised term of training and submit to an independent examination; and that satis try a Nursing Council appointed under the authority of the State that he or she possesses the qualifications necessary to render him or her a safe attendant on the sick; and that the names of all those who attain the prescribed standard shall be entered on a Nursing Register, so that the public may be enabled easily to distinguish registered from unregistered nurses.

The movement to obtain Registration of Nurses by the State, which was initiated in this country 27 years ago, is primarily an educational one. The object is to ensure that the community shall have a guarantee that the trained nurses they employ are skilled in their professional duties.

At the present time such a guarantee is non-existent. No standard of knowledge for professional nurses has been defined or enforced. Each hospital gives its own certificate after a variable term of training, of instruction, of experience, and the public have no means of discriminating between the value of a certificate given after a few months' experience in a special hospital of a few beds, or after three years' training in a well-organised nursing school in a large general hospital. Such conditions are unjust not only to the public, but to nurses themselves, as those who have qualified thoroughly for their responsible duties find themselves, when trained, on exactly the same footing as those who have not done so.

The sphere of the nurse now embraces much more than the care of the sick. The more far-reaching and effective work of the prevention of sickness is her constant care; in the schools, in the homes of the poor, in factories, in schools for mothers, and now in connection with the insured sick, her opportunities for work which will appreciably raise the standard of the national health are practically unlimited.
Again there are few Government departments which do not directly or indirectly utilise trained nurses. The Admiralty, through the Royal Naval Nursing Service, the War Office through the Military Nursing Service, the Army Nursing Service Reserve, the Territorial Force Nursing Service, and the Military Families Hospitals, the Local Government Board in Poor Law Infirmary and infectious hospitals, the Home Office in prisons, the India Office through the Military Nursing Service for India, the Foreign Office in British Protectorates, the Colonial Office in Crown Colonies. Here again it is of the utmost importance that nurses whose services are of a standardised quality of efficiency should be readily available.

Yet no such standard has been defined or enforced. Recently we have had an example of the effect of this indefiniteness. When the National Insurance Act was passed it provided that registered medical practitioners and certified midwives should attend upon the insured, the qualifications of the trained nurses who apply for medical treatment were left undefined, and unless safeguards are introduced there appears to be a danger that the Nursing Benefit will not be placed in the hands of those who are experts, in the sense in which that word is interpreted, not in this country alone, but throughout the civilised world wherever nurses are efficiently organised.

Had a Nurses Registration Act been in force when the Insurance Bill was passed, it is certain that the standard of nursing secured to the insured sick would have been that supplied by the Registered Nurse—to their incalculable benefit. The danger to the public resulting from this disorganisation needs no emphasis, and we urge that Parliament should protect the public from ignorant and fraudulent nurses, and safeguard the reputation of our honourable calling. We desire, further, the power to maintain discipline in our own ranks, such as is exercised in the case of the medical profession by the General Medical Council, and of midwives by the Central Midwives’ Board. We ask this for the benefit and advantage alike of the public whom we serve, and of the medical profession, of whose work ours forms an integral part.

May I be permitted also to emphasise the fact that during the past quarter of a century the demand for nurses registration has resulted in legislation in many countries, and this brings us to the important question of colonial reciprocity.

Colonial Reciprocity.

It is, Sir, presumably within your knowledge that during the twenty-five years in which the medical and nursing professions have been actively engaged, in this country, in the demand for the organisation of trained nursing, through an Act of Parliament, that in various parts of the world Acts for the Registration of Trained Nurses, to provide legal safeguards for the basis of nursing education, have been put in force.

In our Dominions beyond the Seas, in South Africa in the States of Cape Colony, Natal, the Transvaal, and the Orange River Colony; in the Dominion of New Zealand; in India, in the States of Queensland; in Australia in the Provinces of Ontario and Manitoba.

Throughout Australasia and Canada, and in India, organisations are asking for this reform, which no doubt will soon be granted by local legislatures.

In this connection it is becoming urgently necessary that a standard of nursing efficiency should be defined by Act of Parliament in this country, so that a system of reciprocity between the Mother Country and the Colonies can be enforced.

This is the more necessary because a sense of dissatisfaction and injury with regard to the depreciation of their legal status is being expressed by the nurses registered in certain of our Colonies. They very naturally consider it unjust when they are compelled to train for a certain period, and to give evidence of skill and competence, after which they are granted a protected title, that nurses emigrating from the United Kingdom are permitted to compete with them, many of whom have only passed through the most perfunctory experience.

Moreover, the nurses in Canada complain that, owing to the facility with which nurses in this country are permitted to practise after a few months’ training, an ever increasing number of ignorant and very undesirable women are thus brought into competition with them.

Those qualified and registered nurses who have legal status in their own Colonies, who desire to work in the United Kingdom, and that there is no recognition of any sort of their title of “registered nurse.” It is, therefore, highly desirable that this cause of grievance to our many well-trained Colonial nurses should be removed, more especially as great care and consideration have been given to this question during the last twelve years in the United States, during which period the legislatures of 40 States out of 45 have already enforced the State Registration of Trained Nurses, and thus every facility is given for reciprocity between the United States and Canada, and the services of many of our finest Canadian nurses are ultimately available for the American Citizen.

In Germany, where the education of the people is of such paramount importance, an Act for the Registration of Nurses was passed eight years ago, and is proving a lever for a great improvement in the education of German Nurses.

The Substitute of the Opposition.

In conclusion, may I allude to the alternative scheme of those who oppose organisation of trained nursing by the State. I allude to the proposal of the Central Hospital Council for London, to substitute for a system of State Registration of Nurses, the suggestion for the
publication of an Official Directory, which proposed that every nurse, wherever and however she was trained, should be entitled to have her name placed in this Directory. It was a most dangerous suggestion, because it is evident that the value of any professional Register is dependent not on the fact of registration, but on the supervision of the training of pupils, the enforcement of educational standards by an expert Board—of which the majority should consist of members of the profession—and the maintenance of discipline in the ranks of those registered, by the same authority. To place the control of the highly trained nurses throughout the Kingdom, with the power to remove their names from the Directory, in the hands of one official (as was proposed in the scheme suggested) would be to place professional women in a most defenceless and dangerous position, and would be of no advantage to the public, who would not be in a position to discriminate between the relative value of the training and experience entered.

This scheme of the Central Hospital Council for London was incorporated in a Bill, without consulting those for whom it was proposed to legislate, and introduced into the House of Lords by the Lord Balfour of Burleigh, K.T., in 1908, but owing to the determined opposition of the nurses on its Second Reading its rejection was moved by the Lord Ampthill, G.C.S.I., and, on a division, the Bill was rejected.

I venture, Sir, to remind you of these facts as we learn that a further attempt may be made, to thrust this useless substitute upon the public, and the nursing community, and to which we should be compelled to offer uncompromising opposition.

I feel sure that you, Sir, will sympathise with the conscientious convictions which have prompted us to invite your kind consideration to our petition, that facilities may be granted in the House of Commons for the second reading of the Nurses Registration Bill—a plea which springs not from any wish for material benefit, but from the desire of the nurses of this kingdom to care for sick and suffering people to the very best of their ability.

We have worked earnestly and long to convince those who frame our laws that we have a just claim to consideration, and trained nurses all over the kingdom sincerely hope that you may use your great influence to further the interests of the Nurses Registration Bill, which, if it became law, would, they believe, be one of the most benificent measures of modern times.

LADY STRACHEY SPEAKS FROM THE POINT OF VIEW OF THE PUBLIC.

Lady Strachey said:

SIR,—The question of State Registration of Trained Nurses is one in which the public is vitally concerned. It is hardly necessary to dwell upon the importance of the issues involved, for there is no one who does not know, or who will not at some time know, what it is to depend upon the care and skill of a nurse for relief in illness, or for his very life, or the lives of those dear to him.

In these days of amazing feats of medicine and surgery the importance of the efficiency of trained nurses cannot be over-estimated.

A few days ago Lord Knutsford wrote to The Times pointing out the danger of untrained anaesthetists, and urging the extreme importance of registering them. If doctors, chemists, and anaesthetists are all registered, surely those who carry out their orders should be registered too? Otherwise the position is analogous to that of the captain of a ship who lays out a course and then leaves the steering and other essential details to be carried out by unskilled seamen.

It is not necessary to urge the question of State Registration of Nurses upon the public because they have got beyond that stage, and are convinced of its necessity, but on behalf of the public, and especially of those who are poor and helpless, I venture to urge this reform, and to hope that the Government will bring to a practical conclusion the movement for State Registration of Nurses by giving facilities for the second reading of the Nurses Registration Bill in the House of Commons.

THE HOME SECRETARY’S REPLY.

In reply Mr. McKenna said: "I am deeply indebted to you for bringing the case for Registration of Nurses so forcibly and clearly before me as you have done this morning. There is no question that if the case were limited to the aspect of it which you have developed it would be unanswerable.

The Prime Minister on two occasions has received deputations on the subject, and on each the difficulty which presented itself to him was that the opposition was of such force in the medical and nursing professions that he could not feel justified in bringing in a Government Bill.

The opposition to the proposal is nothing like so numerically great as the support which you can bring forward in its favour, but it is nevertheless very serious, and without attempting to discuss the proposal upon its merits, if the opposition continues as powerful as at the present time, even if you secure a Bill you will run a grave danger of its failing in its effect.

Mrs. Bedford Fenwick was a little indignant in referring to the counter proposal to establish an Official Directory of Nurses. I fully appreciate her reasons that it would tend to mislead the public, who are utterly ignorant of the relative merits of the various training schools. The fact that a nurse’s name appeared in an Official Directory would certainly have this effect, and I would never be a party to the proposal.

I want you to realise that your opponents look upon the Register of Nurses much as you regard the Official Directory, to enter into their mind and appreciate their argument.

Dr. Goodall said that the public would look to the Register as a guide as to the safety of a particular nurse, but your opponents think that
a Register would afford no better test than a Directory. It is necessary to understand their case, which is that the necessary qualifications for a nurse cannot be tested by examination, and that the effect of registration would be not to care what the character of a nurse is, provided that skill and knowledge are assured.

(Dr. Chapple here interposed that there would be training, under supervision, preparatory to registration, so that good conduct, for registration, would be guaranteed.)

Mr. McKenna replied, the case of the opponents is that the public will look to a Register as a guide whether it is safe or unsafe to employ a particular nurse, and that it is not an adequate guarantee. They have not such a good case against a Register as you have against a Directory. That case is not arguable.

The opposition includes the names of 74 matrons in London, including those of some of the best known hospitals, and 237 in the provinces, therefore even if a Register is established the nurses may not go on it. Registered nurses will be employed in the main by the rich, as, for the poor, there are district nurses, and the question is not one which touches the very poor. If you get this opposition from all the leading London hospitals you might find such a considerable number of nurses would stand out, and others would not be registered, because they could not, that the Register might fail in its effect if some of the best nurses refused to go upon it.

Mrs. Bedford Fenwick.—We will risk it.

The Home Secretary, continuing, said: I think we are entitled to press on you to deal with the opposition. Some of it is very bitter and can never be converted, but some might be influenced.

CONVERSATIONS.

Holding up a type-written list of the opponents, Mr. McKenna enumerated some of the Matrons whose names were contained in it, specially mentioning the Matron of St. Bartholomew's Hospital.

Miss Cox Davies, Matron of the Royal Free Hospital, who represented the National Council of Trained Nurses to which the League of St. Bartholomew's Hospital Nurses is affiliated, here pointed out that the Matron of St. Bartholomew's Hospital spoke for herself alone, and that the League, comprising some 800 trained and certificated nurses, had, in general meetings, over and over again passed Resolutions in favour of State Registration.

Mr. McKenna: That is what I have said, the opposition is not comparable to the support which can be advanced, but still, it is formidable. Therefore it is difficult at the present stage to go beyond the position taken up by the Prime Minister when he received a deputation last year, that, until the medical and nursing professions have arrived at something more nearly approaching unanimity than at present, that the Government could not undertake to give facilities for the consideration of the Bill in Government time.

To introduce the Bill as a Government measure in view of the undoubted volume of opposition would be a sacrifice by the Government of indispensable time and one which very few Governments would care to undertake. If it were clear that registration would be for the benefit of the sick poor that would be a different matter.

Miss H. L. Pearse, President of the School Nurses' League, here pointed out that the question is one affecting the poor. That the Government employs a large number of nurses, in schools and elsewhere, that many more will be needed in connection with the working of the National Insurance Act. She had to deal with the qualifications of a large number of nurses, and it was most difficult to discriminate concerning them.

She believed it would be found almost impossible to get the nurses who were wanted.

In regard to the opposition of the Matrons to registration, the nurses had the position in their own hands. If they desired to register, the hospitals would be obliged to meet their demands.

Dr. Goodall said that he knew of hospitals for the poor which could not open wards because it was impossible to obtain nurses for them.

Mr. McKenna: I am not expressing the slightest opposition to your proposal, but I appeal to you before the subject comes up again for discussion in Parliament to bring over by a fair appreciation of the nature and character of the arguments of the opposition, or to endeavour to bring over some of the opponents, so that the Bill may be regarded as more uncontroversial than it is at present. In regard to the claim that a Register is akin to a Nursing Directory, I feel as strongly as you do, and you have to convince people that there is no relation between the two.

Dr. Chapple said that the case of the deputation was a strong one as to the security of the public as a whole, and not as to the reputation of selected hospitals.

Mrs. Stabb emphasised the fact that the opposition to State Registration of Nurses came from the employers, not from the workers, and that was the reason the promoters of the Bill could never convert the opposition.

Mr. McKenna: I wouldn't use that argument if I were you. I wouldn't really.

Dr. Chapple, in thanking the Home Secretary for receiving the Deputation said that he had propounded to them an absolutely impossible proposition. The strength of the opposition was in the vested interests at which registration would strike. He asked Mr. McKenna to appreciate the position of registrationists.

Mr. McKenna: I do not think that is so. I have here some of the leading doctors in the profession. I have Sir Thomas Barlow here.

Mrs. Bedford Fenwick: Then he ought to be ashamed of himself.

Mr. McKenna: That is not an argument that is going to convince Sir Thomas Barlow. I have also the names of Sir Francis Chalmpeys, Sir John Broadbent and Sir Lander Brunton.
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DR. CHAPPLE: We might win some of them over to our side but the vested interests we shall never win over. He pointed out that there was an overwhelming consensus of opinion in favour of Registration of Nurses. Mr. McKenna was attaching importance to influential names. Was he going to consider individual opposition? The same course might have been adopted in relation to Home Rule, and Welsh Disestablishment.

MR. McKENNA: So far I agree. But we had influential names against us in relation to Home Rule and Welsh Disestablishment, and look what trouble they have cost us. He added, you do not expect us to do anything now within a fortnight of the close of the Session?

DR. CHAPPLE replied in the negative, and said that the deputation hoped for consideration of the question next Session.

In conclusion the Home Secretary made two very important pronouncements. He said:—

1. You have entirely satisfied me on one point. Your claim that registration relates to something quite different from the objections put forward.

2. You have quite convinced me, if I needed any conversion, on the subject of an Official Directory.

CONCLUSIONS.

To sum up:—

No one could have taken part in the deputation without being sensible of the courtesy and kindness of the Home Secretary, and of his personal sympathy with our claim. We feel that it had been expedient he would gladly have given the deputation all they asked.

Further, he acknowledged the catholicity of the demand for State Registration of Nurses. Indeed it was illustrated in the composition of the deputation which he received, which represented the medical profession, the organized Matrons and nurses of various groups, the diverse interests of millions of women represented in the National Union of Women Workers, the women interested in civic matters through the Women's Local Government Society, the interests of women in industrial life through the Women's Industrial Council—no class of the community suffer more from lack of nursing standards than the working classes, and this is well recognised by working women—and the stratum of the under world incarcerated in prisons through the Penal Reform League, which realizes how much need there is for the services of trained nurses in connection with this sad section of the community. Mr. McKenna therefore frankly admitted that the opposition to the proposal is nothing like so numerically strong as the support which can be brought forward in its favour, that it was not comparable to the support which could be advanced, but, on the question of expediency, he stated that to introduce the Nurses' Registration Bill as a Government measure, in view of the undoubted volume of opposition, would be a sacrifice by the Government of indispensable time which very few Governments would care to undertake.

But the main question is not what is expedient, but what is for the benefit of the community, and the nursing profession. It is certain that in the interests of both the public and the nurses the definition of a standard of nursing education under legal safeguards is urgently necessary. For the public, because not only do they suffer from the dangerous ignorance of many nurses, whose knowledge is quite unstandardized, but because there is a great shortage of well-educated, intelligent women whose preventive work in the various departments of health is of the highest importance. To the nurses because they are entitled to a guarantee that the education they receive will be efficient, and because they are the only class of workers in hospitals and sanitoriums, from the medical staff to the laundry-maids, whose work is not regulated and protected by the State, with the result that their profession cannot develop to the fullest extent upon natural lines, to meet the requirements of the associated profession of medicine.

The hospital committees, whose members are not only philanthropists, but keen financiers, whose duty it is to manage these institutions on business lines, and to whom cheap nursing labour is a financial asset of considerable value, are thus the only privileged class of employers; the nurses the only unprotected class of women workers. In our opinion no Government has the right to say that time is too valuable to devote to redressing this wrong.

The circumscribed opposition comes mainly from the Central Hospital Council for London, and from the committees and members of the medical staffs of the associated hospitals, from some of the more unprogressive Matrons, from the timorous who fear any change, from committees of small hospitals which fear that registration of nurses may make it more difficult for them to obtain nurses for their hospitals, from those who maintain inadequate standards, and from those who exploit nurses for gain. It is not an opposition which should weigh in the balance when the public good is under consideration.

We found that men who, through educational facilities, and as members of a well-organized profession, had been able to attain great worldly success and honour, had again, led by the President of the College of Physicians, by signing the anti-registration protest most ungenerously denied to trained nurses facilities to attain high skill, and honourable professional status. How is it that learning is so often jealous of sharing its advantages with others? Many nurses will echo the protest made in this connection by Mrs. Bedford Fenwick, and share her indignation that members of the medical profession who owe so deep a debt to the devoted drudgery of the nurses working so arduously for them should receive so ungenerous a return, and that their work should be held in contempt by those whose own success has, in the past, owed so much to it.

The points gained by the deputation were that the Home Secretary evidently (1) realised their
demand for registration is a popular one, and the opposition formidable not because it is numerous, but because of the social influence and wealth of its organisers; (2) that their claim to registration related to something quite different from the objections put forward against it; and (3) that his legal mind detected with unerring accuracy the worthlessness of the Official Directory Scheme, and that they have his pledge that he will never be a party to this proposal.

**APPOINTMENTS.**

**MATRON.**
The Paddington Infirmary.—Miss G. E. Copeman has been appointed Matron. She was trained at St. Thomas's Hospital and at the Children's Hospital, Great Ormond Street, and has held the positions of temporary Sister, East London Hospital, Out-patient Sister, Queen's Hospital, Hackney, and Assistant Matron for five and a half years at the Great Northern Hospital. Miss Copeman has been office Sister at St. Thomas's Hospital since October, 1913. She is a certified midwife.

Canning Town Women's Settlement Hospital, Balaam Street, Plaistow, E.—Miss E. V. Lulham has been appointed Matron. She was trained at Guy's Hospital, and has held the position of Medical and Surgical Night Sister, Surgical Ward Sister, and Home Sister in the same institution.

**ASSISTANT MATRON.**
Glasgow District Mental Hospital, Gartloch, N.B.—Miss Kelso Scott has been appointed Assistant Matron. She was trained at Hartwood Mental Hospital, Lanarkshire, and the Royal Albert Edward Infirmary, Wigan. She has also been Queen's Nurse, Dundee, Assistant Matron, at Dundee Asylum, and at the Midlands County Asylum.

**HOME SISTER AND NIGHT SUPERINTENDENT.**
Royal Berkshire Hospital, Reading—Miss Ada Sherris has been appointed Home Sister and Night Superintendent. She was trained at the General Infirmary, Bolton, Lancs., and has held the position of Ward Sister at the Kendrick Isolation Hospital, Barnsley; of Night Superintendent at Stockton and Thornaby Surgical Hospital, and is at present Senior Sister and Deputy Matron at the Princess Alice Hospital, Eastbourne.

**NIGHT SISTER.**
Bucknall Infectious Diseases Hospital, Stoke-on-Trent.—Miss Margaret Isa Cutts has been appointed Night Sister. She was trained in lever nursing at the District Hospital, Langwith, and in general nursing at the Royal Hospital, Sheffield, where she has acted as Night Sister for three months.

**SISTER.**
City of Westminster (Union) Infirmary, Hendon.—Miss L. G. Saunders has been appointed Sister. She was trained at Chelsea Infirmary, S.W.

Miss Nellie Smith has also been appointed Sister. She was trained at the Mile End Infirmary, and has been Sister at the Infectious Diseases Hospital, Portsmouth.

**QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.**
The following resign their appointments: Sister Florence M. Tosh, Aug. 1st, 1914; Sister Emily B. Darnell, Aug. 5th, 1914.

**QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.**
Miss Marion Louisa Scott has been appointed a Nursing Sister.

**QUEEN VICTORIA'S JUBILEE INSTITUTE.**
Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses, to date July 1st, 1914:

**ENGLAND.**

**WALES.**
Gwendolen M. Edwards, Ethel M. L. Fletcher, Ruby B. Little, Mabel J. Thomas.

**SCOTLAND.**
Margaret S. Baillie, Margaret N. Crawford, Wilhelmina C. L. Dawson, Besse M. McCalmann, Charlotte Y. Nelson, Phyllis R. Steele.

**IRELAND.**
Kathleen Brady, Mary A. O'Beirne.

**TRANSFERS AND APPOINTMENTS.**
Miss Elizabeth Ballard is appointed to Margate: Miss Margaret James, to South Kirkby; Miss Mary E. Newbiggen, to Margate; Miss E. W. Owen, to Adlington; Miss Ellen Pemberton, to Langwith; Miss Isabella Wardle, to Norton-in-the-Moors; Miss Clara Webster, to Bridgnorth; Miss Ellen L. Wells, to Winchester.

**KAISER-I-HIND MEDAL.**
Much pleasure has been felt at St. George's Hospital, Bombay, that Miss Ludball, who was trained in its nursing school, and since 1906 has been Lady Superintendent of the Civil Hospital, Ahmedabad, is a recipient of the Kaiser-i-Hind Medal. She has done excellent work and the opinion of her colleagues is that the honour is thoroughly well deserved.
NURSING ECHOES.

The last week has been one of great activity in all departments pertaining to the care of the sick and wounded. On Tuesday officials at the War Office were in consultation, the British Red Cross Society held a Council meeting at St. James’s Palace, and, at a meeting of the City of London Branch, presided over by the Lady Mayoress, it was stated that the Corporation had agreed to the use of the Guildhall as a centre for the City V.A.D.’s, and a depot for stores. The centre will, if possible, be fitted up as a temporary hospital. Mansions, and steam yachts for hospital purposes, and motor cars are being placed at the disposal of the Government, and help of all kinds is forthcoming.

In connection with a recent deputation from the Workhouse Nursing Association to the President of the Local Government Board, Mr. Herbert Samuel, whose object was to point out the defects in the new Poor Law Institution Orders (Nursing), the two chief speakers, Miss E. S. Haldane, LL.D., and Miss A. C. Gibson, late Matron of the Birmingham Infirmary, who urged, in regard to the acknowledged scarcity of nurses for the Poor Law Service, that the splendid training given in many of the large Poor Law Infirmaries is practically lost to the Service because the conditions under which nurses are expected to work in many of the smaller provincial Infirmaries and rural workhouse sick wards are such that nurses do not remain in the Poor Law Service, but after their three or four years’ training join more attractive and comfortable branches of the work. Miss James, Guardian of Bethnal Green Union, fully confirmed this statement. The Association, therefore, urges the adoption of a system by which such nurses would be retained for a certain period to benefit the sick poor in the smaller institutions, and by which they may feel that they belong to a great national Service.

Miss Haldane specially called attention to examples of Nursing Services which had been organised to very great advantage: the Queen Victoria Jubilee Nurses, and also the nurses employed under the War Office; the Army Nursing Service had been re-organised, with a Matron-in-Chief at the head, and that system of organisation had had most beneficial results, and she said it was felt that the time had come for the Local Government Board likewise to undertake something of that kind.

Finally, attention was drawn to a resolution passed by the Executive Committee of the Association, and which had been embodied in the last memorandum submitted to the Local Government Board, by which the formation of a Nursing Service had been strongly urged, and also that, as a preliminary measure, an Advisory Committee of experts should be appointed by the Local Government Board to formulate a scheme.

This is a reform most urgently needed in the interests of the sick poor, long advocated by this Journal.

Miss Bertha M. Broadwood, Director and Hon. Secretary of the Cottage Benefit Nursing Association, writing to the Times on the subject of State Registration of Nurses, asserts that—

"The movements for State Registration and nursing grants are chiefly engineered by well-intentioned persons who confound social reform with Socialism, and who, abandoning the sound Liberal principle that it is wrong to degrade or pauperise our fellow creatures, and our far more arduous duty to help them to help themselves, autocratically presume to treat them as puppets to be fed, housed, nursed, inspected, superintended, compelled, coerced by the State.

"Is this what the people should submit to? Is it wise or politic to supplant initiative, voluntary effort, and private philanthropy by Government or county official ordinances and control—to multiply the inspection and invasion of British homes by jacks-in-office more regardful of well-paid posts and chances of promotion than of the free will of the inspected?

"Those versed in human nature and the management of nurses well know the need of close local supervision to cheer and uphold them in their duties, and while checking any dereliction or excess of zeal, to guard them against temptation or danger. To supplant this sympathetic, for State, control would quickly convert many nurses into arrogant Civil servants, treating cases in a dry, hard, dictatorial manner, most offensive to patients and the liberty of their homes."

That may be Miss Broadwood’s experience, but her picture is a travesty of the thoroughly trained, certificated, and disciplined nurse, who, through "self-reverence, self-knowledge, self-control," is quite capable of maintaining her own equilibrium.

The Canadian National Association of Trained Nurses had a very fine annual meeting at Halifax, N.S., a few weeks ago, and many important questions of interest to the nurses and their patients throughout the Dominion were well discussed. Registration, of course, came in for support. Miss Wright, the Super-
intendant of School Nurses, New Westminster, B.C., was elected President. She is a granddaughter of the late Dr. Wright, Professor of Medicine, University of Toronto. She is a very public-spirited woman, who has taken the lead in nursing organization in British Columbia, and is on the Board of Trustees of the Royal Columbia Hospital, New Westminster, and a member of the Women's Council as well. A correspondent writes:—"Miss Wright is a thorough Westerner, and we want all the elections carried West this year, as it will be splendid for the interests of the International Meeting in San Francisco in 1915."

By the bye, when in the spring we lost Sir Ronald Munro Ferguson in an official relation from the registration campaign, we were able to congratulate most heartily our Australasian colleagues upon his advent at the Antipodes as Governor-General. But how about Canada? The nurses in every Province are up and doing, organizing and working for their legal status—which nearly every nurse in the United States has now gained. We fear they will have a hard task in front of them, in so far as His Serene Highness Prince Alexander of Teck is concerned. As Chairman of the Middlesex Hospital, London, he presides over a very reactionary committee which has taken in the past—and is still taking—an active part in opposing the just demands of the nursing profession in this country for State Registration. It may be that His Serene Highness has never studied the question in the old country, where working women receive but scant consideration, but in the Dominion of Canada he will find quite other conditions exist. We advise the Canadian National Association of Trained Nurses, which has lively branches in every Province of the Dominion, to take care that their point of view is presented to their new Governor-General, and that without delay. The "Middlesex" policy would be a "back number" indeed out West.

"Hundreds of women of gentle birth have," says the Paris correspondent of the Evening News, "volunteered for service in the field hospitals; ladies are organizing accommodation for the wounded soldiers, and in other ways the womenfolk of France are proving themselves worthy of the occasion.

"They are not doing this for show, although it must be admitted that in their white linen dresses and hoods they look very attractive.

"I saw one young military nurse at the Gare du Nord this afternoon. She was the calmest person in the crowd, and when an officious inspector tried to prevent her leaving the station by an exit which he pretended was not meant for her, she simply pointed to the red cross on her breast and walked through. "An officer who witnessed the incident rewarded her with a magnificent salute and a look of kindly encouragement."

The nurses trained in the School of the Assistance Publique at Paris, and Dr. Hamilton's pupils at Bordeaux, may be relied on to maintain the best traditions of our profession.

THE ST. GEORGE'S VETO.

Next week we propose to make public, with his consent, the correspondence which has taken place between the Deputy-Treasurer of St. George's Hospital and ourselves in our capacity as Editor of this Journal, in reference to the "undertaking" demanded by the Selection Committee of that public institution prior to the appointment of its new Matron.

LEAGUE NEWS.

Miss A. Smith, the Matron of the Infirmary, Kingston Hill, has sent out invitations to a Garden Party to be held on Thursday, August 6th. This festive gathering, held annually, brings together many friends of the institution, and is always greatly enjoyed by the members of the Nurses' League, through which the certificated nurses keep in touch with their training school, and the probationers are inspired with esprit de corps. We are glad to know that there are more Leagues in the air: the more broad is their organisation, the more educative they become. At Kingston Infirmary the Matron has the happy knack of encouraging the nurses to associate and sympathise with others; thus at the annual Garden Party every visitor is sure of a most kindly and hospitable welcome.

GREEK RED CROSS MEDALS FOR MANCHESTER NURSES.

The Red Cross Medals given by Queen Olga of Greece for services in the Greek and Turkish, and Greek-Bulgarian Wars, 1912-1913, to Manchester Nurses, were sent to the Royal Infirmary, Manchester, by the Greek Minister.

On Tuesday, July 28th, Sir William Cobbett, Chairman of the Board of Management presented the Medals and certificates in the Recreation Room of the Nurses' Home; the room had been beautifully decorated by Miss Mundy and a large number of the staff were present as well as the members of the Board and Doctors.

The following Sisters and Nurses are recipients of the honours:—Miss Davidson, Miss Cowie, Miss Scott, Miss Gordon, Miss Green, Miss Bell, Miss Jackson, Miss Sloan, Miss Gooseman, Miss Masson.
REFLECTIONS
FROM A BOARD ROOM MIRROR.

The Duchess of Albany has started a fund to raise £50,000 to celebrate the centenary (1810-1910) of the Royal Waterloo Hospital, Waterloo Road, S.E., which was founded in the year following the great battle.

The Executive of the County Council's Association, last week, at a meeting at the Guildhall, Westminster, discussed the allocation of Government grants for tuberculosis and nursing. The Council strongly protested against the allocation of the £750,000 grant before it has been fully considered by Parliament and before the Chancellor of the Exchequer has heard the views of the Association. It was decided to ask the Chancellor of the Exchequer to receive a deputation at once, and to invite the Association of Municipal Corporations to join in the deputation.

The Central Committee of the Women's Guild point out that as nursing is needed for the whole working class population, unsecured as well as insured, the Government grant should be made available for the whole of the community, and be administered through the Public Health Authority.

• In the House of Commons last week, Dr. Chapple asked the President of the Board of Trade how many nurses seeking employment have registered their names at the Labour Exchanges; and how many have been found employment? Mr. Robertson replied: The total number of women registered at Labour Exchanges as nurses during the five months ended June 12th, 1914, was 769. The number of vacancies for nurses notified during the same period was 445, and the number of such vacancies filled by the Exchanges was 204.

Mr. Charles Chetwode Bailey of Brighton, a great friend of the hospitals, has left £25,000 to charity. He left £110,000 to the L'indianile Fund of the Royal Sussex County Hospital, Brighton, £5,000 to the special endowment fund of the Royal Alexandra Hospital, Brighton, £2,000 to the endowment fund of the London Hospital, £2,000 to the endowment fund of the Aberlour Orphanage, Strathpey, Scotland. As regards each of these bequests he requested (but created no trust in the matter) that each institution should name a bed or cot after him.

The Secretary for Scotland has intimated to the managers of the Western Infirmary, Glasgow, that His Majesty had consented that one of the principal wards should be designated "The King George and Queen Mary Ward," in commemoration of the recent visit of the King and Queen to the Infirmary.

HOW BIRMINGHAM CARES FOR ITS CHILDREN.

1. THE REMAND HOME.

The purpose of a Nursing Congress is not merely and solely to demonstrate the progress that has been made in the Nursing Profession through the Inner Circle so to speak - of the work of our Councils. That is certainly the main purpose. But the fully trained nurse of today is an aspirant, who knows no stultifying limits and bounds. She is a "picker-up of Learning's crumbs." She is on the look-out for all such crumbs as will extend her own usefulness and make her more serviceable to humanity. The modern nurse is a social worker, and all social organisations may be resolved, in the last resort, into health conditions. As such she regards them, with her professional eye and mind.

At every Congress we make new friends - people whose valued services to the community bring them in touch with the social service branch of our own profession.

It was the good fortune of myself and Sister Henriette Arendt to meet Dr. George A. Auden, M.A., M.D., School Medical Officer of Birmingham, to whose kindness and courtesy we were greatly indebted, myself especially. He was interested - as so many people were - in Sister Arendt's wonderful work and life, and offered to show and tell her anything that would interest her; he took her to the Remand Home, and to the Children's Court. Dr. Auden, although extremely busy himself, most kindly gave me the same facilities on a separate occasion.

The Remand Home was built and opened in 1909 by Mrs. Barrow Cadbury, who presented it to the town. It is now under the management of, and supported by, the Watch Committee. All children taken up by the police for any kind of offence, are brought here, where they remain pending proceedings. Also, the N.S.S.C.C., very gladly make use of it, and it affords temporary shelter for wait and strays. In fact, it serves the purpose of a much needed Cleaning House! for all sorts and conditions of children. The Superintendent - Mr. Lee - and his wife, with one assistant, manage the Home, and I, was told, act as kind foster parents to the children. It is built in duplicate style; one half for boys and the other for girls, and can accommodate about thirty children. On the ground floor there is a Reception Room, where they are stripped and then immediately bathed in the adjoining bath-room. The building is, what it claims to be, a home, and looks it. There is nothing in the aspect or spirit of the place to suggest punishment. Every detail of construction and furniture has been carefully thought out. Not only is the furniture suitable, but the artistic taste of the generous donor is obvious, who doubtless considers environment as an important factor in the moral education of children.
The dormitories, containing four or five beds, looked extremely comfortable; pretty quilts in tone with the green lining of the floor covered them. I was particularly struck with the pictures on the walls. They were evidently carefully chosen, not only for decorative, but for educative purposes. Good pictures in good frames.

"Sir Galahad" was one, with his own words inscribed below: "My strength is the strength of ten, because my heart is pure." Another was: "The Gleaners"; another, "The Miraculous Draught of Fishes, &c." The Nursery would have satisfied the heart of the most loving mother. A real cosy, comfortable Nursery, the walls covered with the most enchanting nursery-rhyme paper! Warm red and brown tiles are used for the flooring and walls of the ground floor rooms. There are two nice gardens, one for boys and another for girls. Nothing has been forgotten in this Home for unfortunate children, or rather, fortunate children!

The dirty clothes of the children are treated in a Dri-Floateur with formaldehyde. There is also a laundry attached to the Home.

I was told that the Watch Committee receives a grant from Government as additional support of the Home.

I saw only two inmates; most of them were in the Children's Court on that day, answering for their youthful delinquencies. Dr. Auden had previously taken me to watch the proceedings. The doctor is an authority on the question of juvenile delinquents and how to deal with them; he has studied it in America and Canada, as well as in this country, and he is of the opinion that we should have—as in Canada—Children's Courts built for the purpose.

During the very brief time at my disposal, I watched with interest the trial of the juveniles before a Bench of three elderly Magistrates, who appeared to me—I hope I don't misjudge them—to have so little real understanding of, and sympathy with Child nature. I could not help wishing that women could have been in their places. Female Magistrates for Children's Courts, why not? Or else men like Dr. Auden with an understanding heart. The Remand Home receives all children before the trial, and many of them afterwards, until it is decided how they shall be dealt with, so it must be of the greatest value to the local authorities, as well as to the children themselves.


Birmingham enjoys, I believe, the distinction of being the only town in the Kingdom where such a useful Institution exists. The Central Exchange has five Branches; all are actively fulfilling their purpose, and are of great service alike to parents, children and teachers. By this means there need be no period of loitering and loathing between leaving school and finding suitable employment. The teachers, who have the opportunity of watching the children's capabilities for some years, as well as the trend of their minds, are able to advise them what work to take up. Mr. F. W. Butler, Head Teacher in one of the Council Schools, expresses his appreciation of the Exchange in the following terms:

"I make a point of advising all the children who leave this school, that during the exemption age, to obtain their situations through the Juvenile Employment Exchange. In a large majority of cases this advice is followed, and the results have been such as to afford me the liveliest satisfaction. The officers of the Exchange have acquired a very full knowledge of the conditions relating to girl and boy labour in the city, and are able, therefore, to give the children thoroughly sound advice in regard to choice of employment; they spare no pains in finding for the child a job suited to its capacity; and they are able to place at the disposal of the children that variety in the selection of employment which can only be obtained by an organisation of the nature of the Central Exchange."

I have before me the latest Annual Report of the Central Care Committee, in which many interesting details are given of this Juvenile Employment Bureau. That employers find it useful is proved by the fact that 9,804 applications from them for boys and girls have been made.

A large number of Organisations of children and young people gladly co-operate with the work of the Exchange, such as "Sunday Schools, Bands of Hope, Boys' Clubs, Church Lads' Brigade, Young Women's Christian Association, Church of England Men's Society, White Ribbon Guild, Union of Girls' Clubs and Classes," &c., &c.

I learn with interest that:

"In all placings, especially of children in their first job, much attention has been given to the "tone" of the workshop or factory—a most important matter, seeing that when the tone is not good, the boys and girls must either be unfavourably influenced, or become unsettled. Indeed, so vital a good tone believed to be in the susceptible period of adolescence, that in many cases it is regarded as more important than wages, future prospects, or any other consideration."

I also learn that during the year, 6,157 boys and girls from 14-17 years of age, have found situations through this admirable agency and its branches.

If this excellent precedent were followed by every large town in the Kingdom, as it ought to be, it is conceivable that the problem of unemployment, and more especially unemployableness, would be solved in the course of a generation.

Incidentally, we learned much by holding our Congress in the busy industrial city of Birmingham.

I PATRICE KENT.
ROYAL COMMISSION ON VENEREAL DISEASES.

Sir John Collie at the 48th meeting of the Commission gave the results of some observations he had recently made in connection with 2,170 men referred to him for medical report. The 2,170 men were divided into three classes: (1) 1,119 whom accident or illness had overtaken; (2) 557 apparently healthy, but required to pass medical examination before entering employment; (3) 500 of the same class as the second division, but who also submitted themselves to the Wassermann test. Of all three divisions, 106 were found to be suffering from venereal disease. In the first two divisions, in connection with which clinical evidence was relied upon, 0.9 or 3.8 per cent. were found to be infected; in the third class, where the Wassermann test was applied, 40 or 9.2 per cent. were shown to have had syphilis.

The 500 cases of those apparently in perfect health (as evidenced by a thorough physical examination) were taken consecutively as they presented themselves for examination, and no selection was made except that working class people over 21 years of age only were chosen. 103 of the 500 had served in the Army or Navy, and of these 24, or 18.0 per cent. gave a positive Wassermann reaction; the percentage of positive reactions in the remainder of the 500 was only 6.

Sir John stated that the figures probably did not represent the full extent of the existence of the disease, for the men examined were of a somewhat superior artisan class.

An interesting feature of the investigation was the fact that the Wassermann test showed a positive reaction in as many as 12,16 and 10 years, and in one case as late as 20 years after infection and long after all recollection of the infection had disappeared.

Mr. Frederick McCann, Surgeon to the Samaritan Free Hospital for Women, said that it was of the utmost importance that syphilis and gonorrhoea should be regarded as common female ailments for which the same facilities for treatment should be available as for other female ailments without any special stigma being attached to them. If proper facilities for in-patient and out-patient treatment were provided, the special aspects of these diseases would to a large extent disappear.

Systematic instruction in the early local signs of syphilis and the signs and symptoms of gonorrhoea was much required; this instruction should be given at the special hospitals for women and in the gynaecological departments of the general hospitals.

It was essential that gonorrhoea should be regarded as a serious disease in both sexes, especially in women, and that prompt and effective treatment was required. The medical profession could do much in this respect by impressing upon patients the gravity of the disease and the necessity for curative treatment.

Dr. Chalmers, Medical Officer of Health for Glasgow, gave supplementary evidence at the 48th meeting of the Commission with reference to the experience of the Health Committee of the Corporation of Glasgow. He stated that ophthalmia neonatorum was made compulsory in Glasgow in 1911, and that in the beginning an attempt was made to supervise the cases at the homes. It was, however, soon apparent that there was definite need for provision being made for hospital treatment. Arrangements had accordingly been made for this treatment and it had been necessary in some cases to provide also for the reception into hospital of the mother.

Their experience had shown that a proportion of children affected with ophthalmia neonatorum also suffered from congenital syphilis, and that the resultant defects in vision were greatest when the diseases were concurrent. In the period ending December, 1913, of 493 children suffering from ophthalmia neonatorum, 13.6 per cent. were found also to be syphilitic.

With regard to syphilis generally the Corporation of Glasgow had made arrangements for placing opportunities of obtaining a Wassermann test at the disposal of any practitioners who desired it, and in view of the information required with any specimen sent for examination, it had been arranged to pay a fee of 2s. 6d.

Dr. Chalmers was of opinion that no form of compulsory notification of venereal disease, whether for any group of persons, or of cases, would affect its object. His view was that the public required not compulsion but education, and he thought that the issue of an authoritative statement showing the danger to life in after years of syphilis contracted at an earlier period, and of the disastrous effect on children would help to form an educated public opinion which would at least induce those who might contract the disease to seek effective treatment, even if it failed in the ultimate purpose of inducing them to avoid exposure to it.

The main problem at the present time was the organisation of means of diagnosis and treatment.

AN ANTISEPTIC CLEANSER.

An antiseptic cleanser, now being used in many hospitals, is Gospo, which is rightly a favourite with nurses, on account of the efficiency with which it does its work. Marble, mosaic, terrazzo, linoleum, enamelled articles, kitchen utensils and many others can be cleaned to perfection where Gospo is used. The makers, Gospo, Ltd., 33, Waterloo Road, London, S.E., who are contractors to H.M. Government, claim further and make good their claim that as it contains no animal fat or injurious acids, it eradicates grease and dirt; and floors on which it is used are not only bright, but entirely non-slippery—a substantial advantage which needs no emphasis to nurses.
BOOK OF THE WEEK.

"THE PATHWAY."*

There is generally refreshment to be found in the tales of colonists, and Miss Page has already established a reputation for her telling of them. This story of two girls and their brothers, who had settled in Rhodesia, is quite pleasing, and isolated though they were, lovers appeared on the scene, so that romance is not lacking.

Indeed, Betty and Bobbie are both practically engaged from the outset of the story. Toby Fitzgerald, who preferred keeping a meat store near his beloved to being an officer in a crack regiment at home, makes his first appearance in the book "with an unguainly parcel wrapped in an old piece of newspaper." "Fair lady," he said, while his sunny blue eyes danced delightfully, "I have brought you my little gift—just a little bon-bon, don't you know. Not exactly a keepsake—at least, I shouldn't like to recommend it as such." Then, as he unwrapped the greasy newspaper: "Behold! A sirloin of beef from my very own butcher's shop." Bobbie clasped her gift ecstatically: "Oh, you dear!" she cried, "a sirloin too! Not even a scrap end! How perfectly sweet of you, Toby."

Poor Toby, who so far has never exceeded five pounds a month in his takings, is desperately jealous of Blake, who also adores pretty Bobbie, and has a very substantial homestead to offer her if she will only accept it. Though Bobbie is entirely loyal to him, Toby discovers her in what appears to him compromising circumstances with Blake, and it nearly results in complete disaster.

Toby disappears, and Bobbie, thinking that he is hurt past reconciliation, agrees to marry Sir James Fortescue, whose life she saved in a conspiracy that nearly cost her own.

Day after day followed, and there was no sign out of the silence and blankness, and a chill hopelessness gained ground in her heart. Of course, if Toby were never coming it mattered little whether she married Sir James or not. She wondered if anything would ever matter again. After all, it was Toby who had made their lovely wilderness joys. Without him, she felt that the trees and the veldt would flower in vain for her.

"Tell me to-day," Sir James had urged gently, "No." And she turned her head away to hide the pain in her eyes. "You must play fair; I will tell you to-morrow."

And when it is almost too late Toby learns that he had nothing to resent, and nothing to forgive.

Sir James was a brave and honourable gentleman, and when he discovered how matters stood he wrote to her: "I see that if I love you truly I can only give you up to him and make the path as easy for you as possible. God bless you. I thank Him that Fitzgerald is such a good fellow."

He really was also such a good fellow himself that Bobbie must have had a hard part to play. We think this book deserves to be popular, and can heartily recommend it for light and wholesome reading.

H. H.

THE VIGIL.

ENGLAND! where the sacred flame Burns before the inmost shrine, Where the lips that love thy name Consecrate their hopes and thine, Where the burners of thy dead Weave their shadows overhead, Watch beside thine arms to-night, Pray that God defend the Right.

Think that when to-morrow comes War shall claim command of all, Thou must hear the roll of drums, Thou must hear the trumpet's call.

Now before they silence ruth, Commune with the voice of truth; England! on thy knees to-night Pray that God defend the Right.

Single-hearted, unafraid, Hither all thy heroes came, On this altar's steps were laid Gordon's life and Outram's fame, England! if thy will be yet By their great example set, Here beside thine arms to-night Pray that God defend the Right.

So shalt thou when morning comes Rise to conquer or to fall. Joyful hear the rolling drums, Joyful hear the trumpets call.

Then let Memory tell thy heart: "England! what thouwert, thou art!" Grid thee with thine ancient might; Forth! and God defend the Right!

HENRY NEWBOLT.

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WORD FOR THE WEEK.

THE KING TO THE PEOPLE OF HIS OVERSEAS DOMINIONS.

I desire to express to my people of the Overseas Dominions with what appreciation and pride I have received the messages from their respective Governments during the last few days.

These spontaneous assurances of their fullest support recall to me the generous self-sacrificing help given by them in the past to the Mother Country.

I shall be strengthened in the discharge of the great responsibilities which rest upon me by the confident belief that in this time of trial my Empire will stand united, calm, resolute, trusting in God. —GEORGE R.I.
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 PRIZE COMPETITIONS.

To the Editor of The British Journal of Nursing.

Dear Madam,—I beg to acknowledge receipt of cheque for 5s., received this morning. I am delighted. Please accept many thanks.

Yours faithfully,

E. Gladys Jones.

North E. Hospital, Tottenham.

PERSUASIVE COERCION.

To the Editor of The British Journal of Nursing.

Dear Madam,—The silliest arguments have, I know, been advanced to persuade nurses to sign against Registration. One that if we have a Central Examination we shall lose all our identity with our training schools, and the chance of promotion such prestige gives us; that in fact the monopoly of promotion may be shared with those trained in less well known schools. This is, of course, all nonsense.

I was dining with a friend from America a few weeks ago, and got talking, of course, about mutual friends over there, and in telling me of new Superintendents since I was over, all of them now add "R. N." to their names. I noted every time she said: "She was a Johns Hopkins woman," or "Bellevue was her school," or "She graduated from Massachusetts General," and so on. Registration is in force in about forty States in America, but the nursing school estat de corps is sounder there than here, as all have their alumni associations, to which the Nurses' Leagues in England correspond. Anyway, "Barts," "Thomass," "Guy's," "London," will all remain revered as their nurse pupils, as they are by their medical students after Registration comes into force. As to promotion choice from a narrow ring is cramping in many ways.

One Who Has Travelled.

STAGE CRUELITIES TO ANIMALS.

To the Editor of The British Journal of Nursing.

Madam,—May I draw attention to the recent conviction for cruelty to a performing dog, given at the Tower Bridge Police Court, London, as it is the first of its kind and contains some important features? The sentence was not given mainly on account of any specially brutal bodily treatment as flogging, kicking, or using any spiked instrument, but on account of the mental suffering of the dog as shown in his obviously terrified and dejected condition.

Again, it is one of the few cases in which advantage has been taken by a magistrate of the provision of the Act of 1817, by which an animal can be removed from the custody of an owner who has ill-treated him. If magistrates would adopt this course—which is the only fair one to the ill-used animal—more often, it would do more than anything else to make the owners more careful. They do not mind a small fine, and go on as usual. But if they do mind the loss of their "property," and if they have to invest in another animal they will be more careful to treat him well.

Yours faithfully,

Ernest Bell.

0, Portugal Street, W.C.

[We are always pleased to give space for ventilating questions calculated to help the animals. Poor dears! we give too little thought to their needs, and are not sufficiently grateful for the sacrifices we humans often exact from them.—Ed.]

REPLIES TO CORRESPONDENTS.

To several Correspondents.—The services concerned are (1) Queen Alexandra's Royal Naval Nursing Service, and Nursing Service Reserve, Medical Department of the Admiralty. There are still nurses to draw upon in the Reserve.

(2) Queen Alexandra's Imperial Military Nursing Service, and Nursing Service Reserve, Matron-in-Chief, War Office, Whitehall, S.W. Territorial Force Nursing Service, Matron-in-Chief T.F.N.S., War Office, So Pall Mall, S.W. We are informed that all nurses who are not already enrolled as members of one of the Military Nursing Services who offer their services at the present time are being referred to the British Red Cross Society, 0, Victoria Street, S.W.

OUR PRIZE COMPETITIONS.

August 15th.—Name three different channels of elimination by the body, and the functions of the organs connected with each.

August 22nd.—Describe the Hydro-Therapeutic treatment of high temperature in pneumonia.

August 29th.—State what you know about Pemphigus, and the midwife's duty in connection with it.

NOTICE.

The Editor will be obliged if Miss Anne Simpson, who contributed a paper in the competition on the method of caring for rubber gloves, last September will communicate with her.

NEW SUBSCRIBERS.

The Editor hopes that every reader who values The British Journal of Nursing will get one or more subscribers—so that its constructive work for the profession may receive ever increasing support. Advice is given freely by the Editor under heading of Replies to Correspondents. If unable to obtain the Journal through a news-agent, the Manager desires to be informed of the fact.
THE CARE OF THE BREASTS
AND HOW TO INCREASE BREAST MILK.*

[Abridged.]
By Martha W. Moore, R.N.,
Graduate of the Orange Memorial Hospital,
Orange, N.J.

I have often thought that either or both of
the above subjects would be excellent material
for a doctor's lecture to an alumna associa-
tion. Many a nurse during her first few years
of private work would be glad of such help.
As I look back, it seems to me that I knew very
little about the detail of this work when I
started out as a graduate, although I did not
display my ignorance. We do not have as
great responsibility in the hospital, nor do we
watch the cases individually, as we do when
outside.

Every nurse knows the general rules for the
care of the breasts. Sometimes on private
work a doctor will give special directions
during the first week, and on the next case the
doctor will give absolutely no help, even when
the nurse is anxious and is looking for it. I
think I have added more to my gray hair by
worrying over breasts than in any other way.

I find the most satisfactory treatment during
engorgement is to use hot stupes. A breast
pump is not of any use until the breasts are
well filled, and personally I like to forget there
is such a thing unless it is absolutely neces-
sary. A good rule to remember is that the
baby is the best breast pump ever invented. A
binder is applied, of course, to support the
breasts, but must not be used too snug after
the first week.

A very good way to ease the difficulty, either
in case of overfull breasts or when a lump is
present, is to have the baby nurse the right
breast from the left side of the patient, placing
a pillow for the baby to lie on to bring him high
enough. The next time, the left breast from
the right side, if necessary. This will empty
the breast where most needed. I have found
this a wonderful help.

Massage was taught in our hospital practice,
but I find that many cases can get on without
it, much to the relief of both patient and nurse,
for it is nearly always painful. I remember a
coloured patient in the hospital whose breasts
were very swollen and sore when the milk came
in. Massage was ordered, and when one nurse
was tired, another was put on. Poor patient!
I wonder how she stood it. Hot stupes would
have been so much more comfortable! Some
doctors instruct the nurse not to massage,
giving as a reason the possible bruising of the
breast. The nurse may resent this mentally,
feeling that she knows how to massage, but
there is nothing more sensitive than a sore
breast, and it would be an easy matter to bruise
it, even with the lightest handling.

In case of a lump appearing after the first
week is over, we at once think, "Cold—how
did she get it?" but I have found in several
cases that the doctors say it is an obstructed
duct. This, of course, is not the fault of the
nurse (we hope, in case of cold, the nurse is not
at fault either). A hot-water bag or hot stupes
is good, though some doctors order cold
application. Then when the baby is put to the
breast, a little gentle massage over the spot
helps open the duct.

Cold in the breast is preceded by chill, more
or less severe, and followed by fever. An ice
cap over the sore spot is the best treatment,
much to the distress of the mothers and grand-
mothers. The patient, however, finds it very
comforting, and the sore spot is gone in
twenty-four to forty-eight hours. Sometimes
it is necessary to put the baby to the sore
breast at each nursing (while it lasts), and
empty the other with the breast pump.

I wonder if other nurses have as trying ex-
periences as I with sore nipples; in one or two
cases it seemed as if nothing would heal them.
Ordinarily, in mild cases, keeping the nipples
sterile and using cocoa butter, or, when that
fails, castor oil and bismuth sub-nitrate, will
heal them; but in cases where there is a fissure
we have more trouble, and nursing time is
dreaded by both patient and nurse. The glass
nipple-shield is quite necessary at this time to
relieve the patient and give the fissure a chance
to heal.

The three-hour schedule for nursing the baby
is being used more and more, and is usually
found successful. Discretion must be em-
ployed, and in cases where the baby is delicate
or premature, a closer interval is needed, but
the old idea that we must feed the baby every
two hours is passing out. Nurses will agree
that they are more ready for food and nurse
much better than when we had to shake them

* From the American Journal of Nursing.
and wash their faces with cold water to waken them at the two hours' interval. One can try two and a half hours if three seem too long, but there are few babies who need food every two hours.

Now as to the diet for nursing mothers; it has taken me a good many years to get down to good, concise rules. This collection has been gathered from good doctors and from experience, and will be found successful providing the mother is a milk producer.

After the first influx is over and the breasts settle down, the nurse can tell by careful watching whether the supply is sufficient and how the quality is. If there is plenty and the baby is satisfied and gaining, three good meals a day for the mother is much more satisfactory than crowding lunches between; however, if it is necessary for the mother's sake or for the milk, the extra lunches between meals and at bed time are excellent. To increase the flow of milk a quantity of fluid is indicated, but do not give so much fluid that the patient cannot eat a good meal with plenty of vegetables. Meat makes quality in milk, and vegetables make quantity. A tiger is said to have the richest milk of any animal, and is strictly a meat-eating animal.

In the vegetable line, creamed carrots are the best of all, string beans come next, then beets, peas, and others. Give good helpings, and give them twice a day. Vegetable soup is valuable, both on account of the vegetables and the fluid.

Cocoa is good, and may be given with or between meals. Care should be taken in making it. Use one teaspoon to one cup of milk, otherwise if too rich the patient will tire of it or find it indigestible. Tea and coffee are not good during lactation, but if the mother is accustomed to coffee, one cup for breakfast may be allowed. If tea is taken it should be very weak, to act as a fluid. Gruel is a fine milk producer, corn meal being the best of all and oat meal next. If gruel is greatly disliked, either of these cereals may be given liberally with milk. One doctor has said that milk is no better than any other fluid, except that it is nourishing and is a fluid. Last, but not least, encourage your patient to drink water very freely.

After the mother is up and around she should exercise in moderation, not neglecting a walk out of doors and a good rest in the middle of the day. She should not tax her strength too soon. Ten days for a nurse's stay is too short, unless there is someone who can take full charge of things in her place. Three weeks is the earliest the mother should be left alone.

A good milk supply is often spoiled by the patient getting about too soon.

Another important item is No Worry, as this thins and decreases milk more quickly than anything else.

I think the nurses in the middle west and south-west must leave their patients earlier than we do in the east, probably due to the number of nurses to the field.

An eastern girl married and went to Texas for a few years. Her first baby was born there, and after ten days the nurse informed her patient that she was not needed any longer. Neither the young mother nor the father knew what to do with baby, who grew more and more cross as the mother got up. The milk flowed so fast a nipple shield was tried, with the result that the baby was not satisfied and had colic. The milk did not seem just right, and there were some changes made in diet, but the first few months were awful, and the baby did not gain.

The second baby was looked forward to with dread, the family being back in the east, near their people this time. The doctor examined the milk, arranged diet, and gave a digestive agent; then to control the freely flowing milk the mother always lie down to nurse baby, with the result that the boy was called an "Angel Child," and gained from eight to fourteen ounces a week. The third baby is now two months old and has the same title, but the nurse stayed three weeks with Number Two, and four weeks with Number Three.

As to an actual gathered breast, this is a painful topic for both patient and nurse, and the treatment must be left to the individual doctor in charge. It may be intimated that a nervous patient is quite apt to develop an inflammation without rhyme or reason, or it may be due to her own imprudence, beyond the oversight of the nurse. It may happily be dispersed by methods before spoken of, or it may go so far as to necessitate lancing before relief can be inured.

The mental attitude is a great factor in nursing. One mother under my observation nursed her fifth child more successfully than any preceding ones, and a great deal was due to the mental attitude.

Let us all, as nurses, encourage and help mothers to nurse their babies, and so help the great work of prevention of infant mortality.

King's Patent Cooked Oatmeal (Albion Mills, Sveanmore Street, E.C.) is a standby to all midwives, who know that with one minute's boiling a cup of delicious gruel can be prepared.
THE REGISTRATION OF LYING-IN HOMES.  
(Concluded)

Miss Rosalind Paget throughout her evidence before the Local Legislation Committee of the House of Commons, in spite of efforts to induce her to say the contrary, insisted that the London County Council should be the supervising authority. Uniformity was very important, and you could not get uniformity by twenty-nine masters. The homes of certified midwives taking in lying-in women had been greatly improved during the time of the inspection by the London County Council. She did not think there was very much to complain of in any of them now. It required an inspector of very exceptional quality to find out the evils of which the County Council wished to get hold.

Mr. John Hunt, Town Clerk of the City of Westminster, considered that having regard to the objects to be attained—the sanitary condition of the premises and the prevention of immorality—the matter was essentially within the jurisdiction of the Borough Councils.

As we have already reported, the Committee decided that the power should be left with the County Council.

When the points in relation to the lying-in homes were considered by the Committee the first deal with was that of the registration fee. The Committee considered a registration fee of 10s. too high, and it was fixed, with the acquiescence of counsel for the London County Council, at 5s.

In Clause 15, Sub-Clause 5 was altered as follows:—(a) Power to refuse to register, or to cancel registration, was restricted to the cases where there is evidence before the Council to show that applicants are of known bad character; (b) where the premises are unsuitable.

Clause 17, giving the Council power to make by-laws for safeguarding the health of women received in lying-in homes, and of any children born therein, was struck out, the Committee apparently thinking that these powers clashed with those of the Central Midwives Board.

The Act in regard to both lying-in homes and nursing homes will come into force on April 1st, 1915. The London County Council is required to give notice by public advertisement in two or more daily papers circulating in the county within three months of the passing of the Act of the effect of the provisions, and all persons carrying on lying-in or nursing homes must apply for registration within one month of that date.

MRS. MESSENGER.

"Honour, anger, valour, fire,
A love that life could never tire,
Death quench, or evil stir,
The Mighty Master gave to her."

Mrs. Messenger, one of the most distinguished midwives of our time, passed away on Saturday, August 1st. She is deeply mourned by a wide circle of friends, her pupils scattered all over the world will keenly feel her loss, but her work endures and will endure. The memory of her strong character, winning personality, charm of manner, and magnetic influence, inspire all those who ever came into contact with her. As a teacher of midwifery she was unsurpassed, clear, sound, enthusiastic; her marvellous patience with those to whom the study of midwifery presented great difficulties was ever the wonder and delight of those who heard her explain them in simple, clear English; she was never too tired to take infinite pains with slow, dull pupils.

For twenty happy years Mrs. Messenger was head midwife at the General Lying-in Hospital, York Road; over 10,000 deliveries were conducted under her supervision, the house being famous, many of whom are now eminent obstetricians, appreciated her teaching, tact and wisdom; she was ever loyal, ever modest, and they valued her not only as a highly experienced midwife, but as a fruitful friend. She worked in perfect harmony with the medical staff, the Matron, Miss Atkinson, and the Secretary, Miss Annie Whyte, for those twenty years; they were very strenuous, and if she had not had magnificent health and courage she could not have borne the frequent broken nights and busy days. She made fame for York Road Hospital as a teaching school, and was deeply loved by her colleagues and patients; to the end, to be a pupil of Mrs. Messenger was a hall mark of excellence. She gave up her post at the hospital to superintend the York Road District at Surrey Square; she still continued for some time to teach the theory of midwifery to both the hospital and district pupils, and up to within three weeks of her death she was teaching some of the outdoor pupils, so that her connection with the hospital so dear to her was never severed.

She left Surrey Square to become Superintendent of Mrs. Heywood Johnston's Home, and although in the last years she aged rapidly, her work was ever fine and inspiring, and her energy untiring. She disliked publicity, her disposition was retiring and reserved, but her judgment and sympathies were so broad, her opinion so valuable, that she stood in the very forefront of the movement for the better education of midwives, and the improvement of their condition. She was consulted from far and wide on points connected with her profession. For many years she held office at the Midwives Institute, which by her death loses a valuable support.

Mrs. Messenger was, while yet young, left a widow with two sons; in the later years of her life she found much joy in her grand-children, and by her old friends she was ever lovingly spoken of by the name of "Granny." They would have had her rest after her arduous life, but she was one of those who did not know how to spare herself; the over-work and over-strain were at last too much for her, and after three weeks' illness she entered into rest.
EDITORIAL.

NON-COMBATANTS.

Optimistic people are apt to think the worst can never happen, a better frame of mind far, than pessimism. To be prepared for the worst, and to hope for the best, is perhaps the happiest and most faithful frame of mind to assume; in Cromwellian phraseology, "Trust in God and keep your powder dry." The worst has happened, and the thoughts of all of us are irresistibly deflected from our ordinary occupations to the conflict now proceeding.

We are in the midst of what is technically called a "Solemn War"—an axiom, because all war is exceedingly solemn. As Nurses, taking no sides, our pity embraces all those combatants who become sick and wounded; we could have no feeling of bitterness against those who have simply obeyed the orders of their commanders. Probably many English Nurses will shortly be on active service at home and abroad, when they will show themselves—as they always have done—equal to the demand put upon them. We rejoice to think that such detailed and extensive preparations are being made for the care, comfort and consolation of the wounded soldiers and sailors. The non-combatants all over the world—more especially those whose countries are engaged in the conflict—will have but one heart of compassion for those who will have to suffer so grievously for the selfishness and pride of the promoters of the war.

One of the most solemn thoughts of this war is that so many of the non-combatants will suffer quite as much, if in a less acute form, as the combatants; they will suffer in anguish, anxiety, increased poverty, by loss of employment, and by sickness which it will inevitably produce. The warmth of our patriotism must not lead us to overlook the needs and requirements of the suffer-
PROLAPSE OF THE UTERUS.

BY A. KNIVETT GORDON, M.B.Cantab.

In the following paper I purpose discussing some points which are of importance both to surgeons and nurses in dealing with the condition known as Prolapse of the Uterus, or “falling of the womb” as it is commonly called. Of recent years a considerable advance has taken place in the treatment of this ailment, and we have even been compelled to revise our conception of the anatomy of the structures concerned in the support of the uterus in normal conditions. Consequently, the descriptions in the older text books of gynaecology are apt to be a little misleading, and it has occurred to me that a brief note of the salient features of what is, after all, a very common and distressing condition, may not be out of place, especially for nurses who have to work amongst the poorer classes, either in hospital or private practice. I shall not attempt to go much into detail but shall refer to the important facts only.

Under normal circumstances, in women who have not borne children, the uterus stays in its proper place well within the pelvis; it may perhaps be bent backwards a little, but it does not slip down as a whole, and the troubles to which I shall allude do not occur. In health, the womb is kept from slipping down by two sets of structures; it is slung up from above, or rather from side to side by a band of tissue which stretches from the sides of the uterus to be attached ultimately to the pelvic bones, and is known as the broad ligament; it contains the fallopian tubes, and the ovaries as well as the uterus itself.

Now supposing we imagine a hammock made of string, strong enough to support the weight of a child, without “sagging” in the centre. So long as only children lie in it, it serves its purpose, but if instead, the somewhat corpulent father of the family takes to reposing in it for an hour or two a day, we very soon see that the soft string stretches until the hammock can no longer support even a child, and any occupant soon finds himself resting on the ground when he attempts to lie in it.

This is what happens in the body. The broad ligament is the hammock, and the virgin uterus is the child. During pregnancy, however, the uterus enlarges, and becomes very heavy, and the broad ligament has to stretch to accommodate itself to the change in weight of its occupant. After delivery, the uterus should return to its original size, or nearly so, and the ligament should regain its “elasticity,” but if anything occurs to interfere with either of these processes, the uterus will fall, either because it remains too heavy or because the ligament is weakened, or more commonly from a little of both causes.

But this is not all. In unmarried women, the vagina and surrounding structures also afford a firm support on which the uterus rests. After delivery of a child, the vagina may be torn or unduly stretched, and its walls consequently tend to fall down a little; when this occurs they not only fail to act as a support for the womb, but they may even drag it down with them in their descent. In front of the vagina is the bladder which, when distended at all events, is rather a heavy organ, and when the stretched or torn vagina falls in, down comes the bladder too, and we get what is known as a cystocele; in practice there is always some degree of cystocele when the uterus becomes prolapsed.

What are then the causes of this combined descent after labour? The uterus may not return to its normal weight on account of inflammation, this again being most commonly due to septic infection during or shortly after delivery. Or the “hammock” may be injured by dragging on the uterus with forceps during delivery while the child is still inside it. Lastly, the vagina or perineum may be stretched or torn either by an unduly large child, or by wise application of forceps when the head has passed from the uterus into the vagina. Still, most of these causes are remediable, provided that sufficient rest after delivery be enforced in order to allow the parts to recover their normal tone. In practice, amongst the poorer classes, we usually have a combination of all these factors; in particular, the women do not, or cannot, remain long enough in bed after confinement.

What happens? The uterus, and bladder too, come down a little—sometimes the uterus comes down right outside the vulva, in which case the condition is known as procidentia, but this is not common—and we get as symptoms pain in the back and increased frequency of micturition, and on examination the uterus is felt to be much lower than it should be and the bladder sags into the front wall of the vagina. If the uterus is in a state of chronic inflammation, it is felt to be large, flabby and tender to the examining finger, and there is usually a white discharge (leucorrhoea) from its interior.

But the curious thing is that so many women suffer from these symptoms and take
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them as a matter of course. It is rather surprising when we consider that they are practically never free from backache, which after a day at the wash-tub becomes almost agonising. They become querulous, nagging, and ultimately sullenly and unctuously their home goes to pieces and their husband to the nearest public house.

Now what are we to do for such a case? In the first place, much of the trouble is not infrequently caused by want of aseptic care on the part of the attendants at the labour—this makes the uterus inflamed. Then if forceps are applied too soon—usual because the patient is in pain and the medical attendant wants to relieve her as soon as possible—damage is done to the supporting structures, this being especially liable to occur in a first confinement. The woman is calling on the doctor to put her out of her misery, and the doctor gives in.

The perineum may be torn either by using forceps injudiciously, or again by not using them when the vagina is getting stretched and weakened by gradually failing attempts on the part of the uterus to expel a large child. While the child is still inside the uterus, the proper treatment of agony is not to use forceps, but to give a sedative such as chloral by mouth, or hyoscine or morphia hypodermically. Under the influence of the latter drugs labour goes on, but is painless. Forceps are required for failure of the uterus to expel, not for pain.

So prolapse is often largely preventable, but if we only see the case for the first time after delivery, we have to do something to relieve the patient's distress. The first consideration is to determine what factor is most at fault in the production of the prolapse. If the uterus is swollen and inflamed we treat the inflammation, usually by curetting and subsequently swabbing the interior of the uterus with some such drug as Tincture of Iodine, or pure I zal. This done (if it be necessary) we can relieve the symptoms by introducing an artificial support in the shape of a pessary, the most useful kind being generally a soft rubber ring of suitable size, inside which is a piece of watch spring or similar material. This is introduced into the vagina and pushed on with the finger until it forms a cushion for the uterus, whose neck it encircles.

But this does not cure the condition in every case, though in many instances, once the uterus is lightened and supported, the broad ligament and the stretched vagina recover their normal tone. A pessary may be worn for months provided the vagina be kept clean by douching and the instrument occasionally removed and replaced. Sometimes we have to do more, and we can then either narrow the vagina, or fix up the uterus or both, according to the requirements of the individual case.

To narrow the vagina, a piece of its mucous membrane is dissected up and removed, the cut edges of the hole being then sewn together. This is known as colpopraphy. When cystocele is a prominent feature this is essential.

To permanently support the uterus itself, the abdomen is opened, and the uterus freed from any adhesions that may be tying it down in a faulty position. At one time it was customary then to sew the top (fundus) of the uterus to the abdominal wall itself—the procedure being known as ventrifixation—but this is not free from drawbacks, especially when the patient becomes pregnant again, and nowadays a different method is adopted which consists in seizing the round ligaments of the uterus—structures, which in health do not take much share in supporting the womb, but which come in very handy for the surgeon—and bringing them out through the muscles in the front of the abdominal wall and burying them there under the skin with stitches. Sometimes some bands which go from the uterus to the sacrum—the utero-sacral ligaments—may also be utilised, and shortened by pleating them with stitches.

What is the best procedure in any given case is decided by the surgeon when he actually sees the parts exposed at the time of the operation, and one great advantage of opening the abdomen in these women is that one often finds something else—a commencing ovarian cyst for example, or a diseased appendix—which can be remedied at the same time as the fallen uterus. In old women past the child-bearing period—who often suffer badly from prolapse—it may be best to remove the uterus altogether.

The trouble, however, lies not so much in deciding what to do, but in persuading women suffering from the milder degrees of prolapse to seek advice at all, for they do not know that they can be relieved of their miseries, whereas in reality there are few conditions in women in which the results of surgical treatment are so brilliant. Many of these patients fall into the hands of quacks of the worst type or spend money that they can ill spare on useless patent medicines under the impression that they are suffering from kidney disease. It not infrequently falls to the lot of a district nurse to be consulted about "pain in the back," and she can often do a great deal of good in this respect, by educating public opinion in the class amongst whom she works.
Untreated uterine prolapse has been the means of turning many a cheerful hard-working wife into a nagging drudge.

OUR PRIZE COMPETITION.

NAME THREE DIFFERENT CHANNELS OF ELIMINATION BY THE BODY, AND THE FUNCTIONS OF THE ORGANS CONNECTED WITH EACH.

We have pleasure in awarding the prize this week to Miss Nora Windle-Hunter, South Wharf, Rotherhithe, S.E.

PRIZE PAPER.

Three channels of elimination by the body are:—(i) The urinary tract, (ii) the skin, (iii) the respiratory tract.

1. The urinary tract comprises the following organs:—(a) The kidneys, (b) the ureters, (c) the bladder.
   (a) The kidneys are composed of numerous small tubules lined with cells whose function is to collect impurities, chiefly urea, salts and water from the blood, deposit them in the tubules, down which they are washed into the pelvis of the kidney by way of the ureters and the bladder.
   (b) The two ureters carry the urine from the kidneys to the bladder. They enter the latter by valvular openings to prevent the fluid running back towards the kidneys.
   (c) The bladder receives and acts as a reservoir for the urine, which is passed through the urethra three or four times a day, and in a healthy adult should amount to about 2½ pints in the 24 hours.

2. The skin is full of innumerable sweat glands. Their function is to regulate the temperature of the body by promoting the escape of heat. This is done by moisture containing salts continually escaping from the glands through the small apertures called pores, which open on to the surface of the skin.

   At ordinary times the sweat is in so small a quantity it evaporates immediately, but when more is secreted it appears on the skin as "beads" of moisture.

   The quantity varies according to the temperature of the air and the amount of exercise taken. Should the kidneys be diseased, these glands practically take their place and remove the poisonous waste products which are continually being formed in the body.

3. The following are the organs connected with the respiratory tract:—(a) The Nose, (b) Pharynx, (c) Larynx, (d) Trachea, (e) Bronchi, (f) Lungs.
   (a) The business of the nose is to filter and warm the air before it passes on towards the lungs.
   (b) The air passes from the nose to the pharynx. The latter contains three constrictor muscles which control the act of swallowing.
   (c) The larynx contains the vocal chords, which by their vibrations produce the voice. The glottis, the opening by which the air enters from the pharynx, is guarded by a cartilage, the epiglottis, which, like a trap-door, opens during respiration and closes while swallowing to prevent food from passing into the larynx and causing disastrous results.
   (d) The trachea, or windpipe, is a viaduct for the air between the larynx and the bronchi. It is lined with a mucous membrane, and with the aid of the cilia in this, it prevents the germs in the air being carried into the lungs.
   (e) The bronchial tubes connect the trachea with the lungs. They are lined with mucous membrane, and in this are a number of small glands which secrete mucus to keep the air passages moist.
   (f) The lungs have:—(I) The function of respiration, which is involuntary, and controlled by a certain part of the brain. It consists of two distinct acts, i.e. (a) Inspiration—with a downward movement of the diaphragm and an upward movement of the ribs, all the air cells expand, and air is drawn into them; then (b) Expiration—the muscles relax, and, owing to its elasticity, the lung tissue shrinks and the air is forced out of the lungs again.
   (II) The second function of the lungs is to purify the impure blood brought to the lungs by the pulmonary artery. This is done by the blood taking up the oxygen from the inspired air and giving up its carbonic acid gas to be expired. The now pure blood is taken back to the heart by the pulmonary vein.

Miss Vine writes:

Solid waste matter is eliminated by the intestines. The contents of the lower intestine are passed at each action of the bowels. This waste matter is made up of indigestible parts of the food taken; also colouring matter from the liver, shreds of mucous membrane, and large numbers of bacteria.

The function of the intestines is to carry away this waste material.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dorothy Maton, Miss Una M. Dodd, Miss Irene M. Mate, Miss Doris Vine, Miss M. Flick, Miss Jessie Robbins, Miss Gertrude E. Hinchliffe, Miss M. Lang.

QUESTION FOR NEXT WEEK.

Describe the Hydro-Therapeutic treatment of high temperature in pneumonia.
ACTIVE SERVICE.

THE INTERNATIONAL NURSING CORPS.

Many nurses are desirous at this time of offering their services where they are most needed, and in order to facilitate this it has been decided to form an International Nursing Corps—qualification a three years' certificate of training—for Active Service in War, members to be willing to accept duty in any country where the sick and wounded may need their services. Age from 25–40. They will be enrolled at the Headquarters of the International Council of Nurses, 431, Oxford Street, London, W. Application may be made on the form to be found on page vii, or nurses may call at the above address and fill in a form. They are particularly asked to state if they speak French or German, or, as for a corps of this kind, a knowledge of a foreign language is most desirable. Applicants are also asked to state whether they wish to volunteer with or without asking for pay.

It must be understood that enrolment in this corps implies no certainty that the members will be called upon, but it is of the utmost value to have a corps of nurses, with qualifications sifted and tested, ready to go anywhere at short notice, instead of enrolment having to take place when the call for their services comes.

As we go to press the mobilization of the four Territorial Hospitals of the City and County of London is proceeding. No. 1, the City Hospital, staffed entirely by medical men and certificated nurses of the School of St. Bartholomew's Hospital, is to be located at St. Gabriel's College, Camberwell. The Principal Matron, Miss Cox Davies, upon whom the greater part of the organizing work has fallen, is on the spot. Miss Acton, Matron of the Lewisham Infirmary, will assume the position of Matron.

Miss R. E. Darbyshire, Matron of St. Mary's Hospital, Paddington, is Principal Matron of No. 2 Hospital, and the Matron is Miss Riddell, Matron of the Chelsea Hospital for Women. It will mobilize at St. Mark's Training College, Fulham Road, S.W. The site is specially convenient owing to its accessibility from the river.

Miss Barton, Matron of Chelsea Infirmary, is Principal Matron of No. 3 Hospital, which is located at the Royal Victoria Patriotic School, Wandsworth, and Miss Holden, Matron of the Richmond Hospital, Dublin, Matron. The Matron and fifty of the nursing staff are already on duty, and beds and theatre were ready on Tuesday night had any patients been sent in.

Miss Ray, Matron of King's College Hospital, is Principal Matron of No. 1 Hospital. The Committee of King's College Hospital have placed a large number of wards in the new hospital at Camberwell at the disposal of the authorities, and the fourth Territorial Hospital will be mobilized there.

Twenty trained nurses left London on Sunday morning en route for Brussels. All arrangements were made by Mr. Alfred de Rothschild, who is also bearing the expense of the mission. They received a very warm welcome on arriving at Brussels, and we do not doubt their services will be exceedingly valuable.

Miss A. M. Beedie, at one time Matron of the Aberdeen Maternity Hospital, and a member of the Matrons' Council, has just returned from South Africa, and had a most exciting journey up the Channel, the boat proceeding in company of two battleships, one in front and one behind, while overhead hovered an aeroplane, concerning which there was much speculation. Was it an enemy or a friend? If the former, then at any moment they might be sent to the bottom. However, happily the aeroplane turned out to be friendly, and Miss Beedie arrived in town anxious to give what help she could to the sick and wounded in the war. Meanwhile she promised us an account of her experiences for this journal. We are unable to publish them for the best of reasons. We received a brief telephone message that Miss Beedie was en route for Belgium. Experiences will keep. Now is the time for action if the opportunity offers.

A member of the St. Bartholomew's Hospital Nurses' League had also an exciting experience. With her husband she was motoring on the Continent on the outbreak of war. They were arrested three times, but eventually arrived at home, minus their motor car. The nurse hopes shortly to be on duty in a Territorial Hospital.

On all sides we hear of the admirable spirit animating the nursing profession. Everywhere willingness on the part of nurses to go anywhere at home or abroad where they can be of use to the sick and wounded. Equally admirable, and equally valuable, is the spirit of those left to fill the gaps in the civil hospitals. Nurses on holiday are volunteering to return if their services are needed. Nurses about to take their holidays find that after all they are "not really tired," and can quite well go on. The disciples of Florence Nightingale are proving their mettle as worthy exponents of the traditions she inspired.
OUR DISTINGUISHED GUESTS.

Members of the National Council of Trained Nurses in this country have for some time been looking forward to the pleasure of a visit from Miss M. A. Nutting, Professor of Nursing and Health at Teachers' College, Columbia University, New York, and her colleague, Miss A. W. Goodrich, President of the International Council of Nurses. Last week they arrived, their tour on the Continent having been abruptly terminated by the outbreak of hostilities. They were in the Austrian Tyrol—after a visit to Italy, during which they saw Miss Snell and her work at the Policlinico Hospital, Rome—when the necessity for immediate action became apparent. Their luggage was in Vienna, or on the way there, so with very few personal possessions they, with Miss G. M. Nevins, Matron of the Garfield Memorial Hospital, Washington, arrived in London, full as ever of charm, vigour, and professional enthusiasm, and, with the true nursing spirit, making light of the discomforts by the way, though these must have been many, for the trains were packed, and food for some twenty-four hours impossible to obtain.

But here they are, and here Miss Goodrich and Miss Nevins are, for the present, likely to remain, for the prospects of their getting across the Atlantic are most indefinite,* but their inconvenience is our gain. They are guests whom we delight to honour, and though, in these times of stress, the official welcome they receive from the nursing profession may fall short of that we should like to give them, the President of the International Council of Nurses may rest assured that every member of the National Council of Trained Nurses extends to her the heartiest of greetings and the warmest of welcomes. As a friend she comes to friends, a friendship founded in Berlin in 1904, cemented in London in 1909, and acclaimed in Cologne in 1912, when the delegates of the National Councils of Trained Nurses of Great Britain and Ireland, the United States, Germany, Holland, Finland, Denmark, Canada, India, and New Zealand unanimously asked her acceptance of the highest honour the nursing world has to offer—the Presidency of the International Council of Nurses.

Miss Nutting has had the good fortune—at least it seems so at the present time—to secure a passage in a freight boat from Glasgow to Newfoundland, and hopes to leave as this Journal goes to press. Many good wishes will go with her, and we shall hope to hear of her arrival in New York in time for the opening of the autumn session at Teachers' College.

Yet another of our American friends is a guest within our shores at the present time, Miss Edna L. Foley, Superintendent of the Visiting Nurse Association at Chicago, which numbers over 70 nurses, each one of them entitled to write the letters R.N. after her name. In a recent interview, we asked Miss Foley what is the effect of the Registration Laws on the status of nurses and nursing, and her reply was that wherever registration of nurses is in force experience shows there is a steady improvement. For one thing, in schools where the training is inadequate, the pupils now have a lever wherewith to secure a *quid pro quo* for their services, and they are not going to stay in schools which do not come up to the State standard. In one nursing school the junior class went in a body to the directors, and told them that, after reasonable notice, they would all leave, unless the school qualified for registration.

The State standard, qualifying for registration, is the highest that there is, and it has had a great effect in bringing up that of the inferior and commercial schools, because their pupils fail at the State examination, but effective pressure could not have been brought to bear on them without registration.

Another influence bringing pressure to bear on the inferior schools is that the authorities of high schools advise their pupils, in considering nursing as a profession, to take care, if they do adopt it, that the school they enter for training is a registered one. The Red Cross Society requires all nurses serving under it to possess the R.N., and so do the public health authorities, in making nursing appointments.

Miss Foley mentioned an instance of a nurse who applied to her to come on the staff of the Visiting Nurses' Association. She found she was not a registered nurse, and told her she was not eligible for the staff. The nurse said that she obtained her training with the object of doing visiting nursing. Eventually she went back to her school, which was unregistered, and its pupils therefore ineligible for registration, and brought pressure to bear on the authorities to work up to the registration standard, and get State recognition for their school; the pupils said that if it were not registered they would leave, the alumnae stood by them, and the school had to register.

* Events move apace. Miss Goodrich and Miss Nevins are now on the high seas, having most unexpectedly secured berths on the *Royal George*. 
PROGRESS OF STATE REGISTRATION.

Sir Victor Horsley, replying in the British Medical Journal to Lord Knutsford’s criticism of Mr. Garstang’s statement that unanimity exists on the Registration question, “except for the party led by Lord Knutsford,” says that it shows once more that his lordship cannot understand the difference between a constitutional opposition and a factional opposition, such as that which he has got up against the State registration of nurses.

He writes:—“The action taken by our Association, after many years of hard work and close consideration, has been confirmed over and over again in committees and Representative Meetings, including the one just closed. It is supported by all the nurses’ associations in England, Scotland, and Ireland, and the bill which he seeks to hinder has been agreed upon by all these bodies, and is being put forward by a joint committee representing all these bodies.

“Finally, it has been warmly supported at all open meetings of nurses during the past twelve months, and the only meeting where Lord Knutsford appeared in opposition carried it against him by a large majority. Against these constitutional procedures he dares to put the opinions of private individuals, collected by himself, on a circular containing several incorrect assertions and no argument.

“This is precisely the sort of thing I protested against Mr. Asquith doing when the last deputation went to him on the subject. I pointed out to Mr. Asquith on that occasion that these ex cathedra opinions, collected by Mr. Holland (as he was then), were merely bureaucratic, and could not for a moment be quoted against the constitutional resolutions of the British Medical Association and other representative bodies.

“The very matrons Lord Knutsford names as objecting to the bill I myself visited a few months ago, and found them profoundly unacquainted with registration by the State. They knew none of its purposes nor of the great advantages it offers to every trained calling. All they feared was a loss of controlling influence. Even this I showed them was a delusion, and that their personal influence and control of their nurses would be unaffected.”

LEAGUE NEWS.

The Journal of the Victoria and Bournemouth Nurses’ League keeps the members well in touch with progressive professional affairs. The following story shows what a rapid State is California, and how necessary it will be for us to be up-to-date before we go there:

“In San Francisco recently Policewoman Rhoda Thomson requisitioned an aeroplane to pursue a motor car which was tearing along at sixty miles an hour. Rhoda, who was accompanied by an aviator, chased the motor car over a long distance, and finally, as the chauffeur of the car refused to stop, the aeroplane was dropped low enough to permit her to get the offender’s number. The next day he was fined £5.”

THE SUPPRESSION OF PROFESSIONAL CONSCIENCE.

THE ST. GEORGE’S VETO.

The fact that the Selection Committee of St. George’s Hospital demanded an “undertaking” seriously interfering with personal liberty and free speech, from the candidates for the recent vacant office of Matron to the institution, will we think be conceded by every unbiased person who reads carefully the following correspondence. Let it speak for itself.

PRIVATE.

St. George’s Hospital, S.W.
July 27th, 1914.

DEAR MADAM,—I regret that I was not in the Hospital when you called yesterday.

As members of the governing body of this charity we have no politics, but we decided that the successful candidate for the office of Matron should give an undertaking not to take an active part in political or social propaganda whilst in the service of the Hospital. As Chairman of the Selection Committee, I explained this to each candidate, pointing out that we did not enquire as to the personal views of the candidates, and that the only object of the undertaking was that our Matron should devote her whole time to the Hospital and not take up any time or thought for propaganda on one side or the other in any such field as mentioned. Every candidate expressed her willingness to give the desired undertaking, and the lady who was ultimately selected gave hers verbally to the House Committee.

I am,

Yours faithfully,

F. J. FRANKAU,
Mrs. Bedford Fenwick, Deputy Treasurer.
20, Upper Wimpole Street, W.

BRITISH JOURNAL OF NURSING.

20, Upper Wimpole Street,
London, W.
July 31st, 1914.

DEAR SIR,—I beg to thank you for your letter of July 27th, and hope I may be permitted to reply to it at some length, as the question under discussion, whether or not it is justifiable for a committee of a public institution, such as a hospital, to demand from an official, either male or female, an undertaking that no “time or thought” should be devoted to either “political or social propaganda,” is one not only of vital importance to the nursing profession, but to the public at large.

As Chairman of the Selection Committee for a Matron for St. George’s Hospital, you evidently think such extraordinary deprivation of personal liberty is permissible. May I, therefore, place before you, as a former Matron of a large hospital
The British Journal of Nursing. August 15, 1914

—St. Bartholomew's Hospital—my reasons for differing from your point of view?

1. You say, "as members of the governing body of this charity we have no politics." That may be so, but presumably there is nothing in the regulations governing the charity which prohibits you from holding political views, and exercising political rights and duties and social obligations in your personal capacity; and it is these personal rights and duties I claim should be conceded, unquestionably, to each individual officer, male and female, in every public institution; and, indeed, any attempt to coerce the medical staff, or any of the male officers, of whatever grade, would I feel sure be promptly contested, should your committee attempt to impose any such restrictions upon them.

2. The head of the Nursing Department, responsible as she is to your committee for the efficiency and good government of the nursing and domestic departments of the hospital, can only exercise the necessary authority to maintain high standards of work and good discipline through moral influence. What moral influence can any woman exercise deprived—as you have deprived the Matron of St. George's Hospital—of the human right of personal responsibility? If you cannot trust this official to govern herself, how can you expect her to influence others for good? In reply to enquiry, I am informed that the subordinate domestic staff is not subjected to invidious restrictions of personal liberty of conscience and action upon appointment. What respect can these subordinates have for a senior officer so unjustly deprived of them? In my opinion none whatever.

Further, your House Committee cannot realize the cruel alternative which it placed before the candidates for the Matronship of St. George's Hospital as a condition of appointment. May I, therefore, point out the alternative you offered to the selected candidates?—either to subordinate their conscientious convictions to their personal advantage, or to forego the recognition to which their professional work would otherwise entitle them of appointment to the Matronship of one of the leading London nurse-training schools.

For its prototype we must go back 2,000 years to a certain scene in the wilderness—" All these things will I give Thee if Thou wilt fall down and worship me!"

Is it surprising under such circumstances if Matrons hesitate to openly advocate professional reforms of the urgency of which they are profoundly convinced? The wonder is not that some refrain, but that so many have the courage to come forward in the public interest, when, as workers dependent on their profession as a means of self-support, they feel not only that their chances of promotion are imperilled, but that their rejection is certain, if they do not consent to suppress their professional conscience.

I shall be obliged if you will bring this letter before your House Committee, and hope that upon further consideration they will remove the restriction imposed before the new Matron assumes office.

I am, dear Sir,
Yours faithfully,
ETHEL G. FENWICK.

To the Deputy-Treasurer,
St. George's Hospital, S.W.

St. George's Hospital, S.W. August 3rd, 1914.

DEAR MADAM,—I am in receipt of yours of July 31st, with a copy of the issue of your Journal of 1st inst. As regards the paragraph from the Daily Herald, which you have seen fit to print,* I should like to point out that it is full of inaccuracies. As matters of fact:

1. Our Committee did not demand or know the political views of any of the applicants.

2. We have not the slightest objection to our Matron in her private capacity signing any petition on whatever side she fancies; in fact, our late Matron did so recently.

3. The question of State Registration was not raised or touched upon by any candidate, or by any member of the Committee.

4. There was no question as to Matron "exercising her own discretion in private matters." On the contrary, in pointing out to the several candidates that we did not enquire as to their individual views, I added that every thinking man and woman must have views on most matters, social and political, and that the candidates in their private capacity would be quite free to exercise them as they thought fit, so long as their doing so did not interfere with their duty to the Hospital.

How a lady can "adopt the ideas of a Committee" on which there are many divergent forms of thought, I leave the Daily Herald to explain.

I am surprised that you should have been guilty of such a breach of the conventions alike of private life, as of journalism, as to publish, if not the contents, at any rate what you state to be the effect of a letter marked "private." Your interpretation, moreover, of my letter (so far as I can make any sense of your phrase, "denying personal responsibility of thought and action") is so unjustified that I must ask you now to print my "private" letter in extenso.

There is not the slightest suggestion in it that we desired to interfere with the personal opinions of any of our staff; on the contrary all that we ask is that they shall not take any "active" part in any propaganda.

The word "active" implies, of course, the addressing of meetings, canvassing, and such like only, and was, I feel sure, so understood by the candidates.

I will have your letter brought before the House Committee at its meeting on the 12th inst., if you still wish it. I trust, however, that in the meanwhile you will see fit by the light of the

* Published in our issue of the 1st inst.
facts now before you to withdraw the charges and insinuations you have made.

I am, yours faithfully,

F. J. FRANKAU,
Deputy Treasurer.

Mrs. Bedford Fenwick,
Editor of the British Journal of Nursing.

British Journal of Nursing,
20, Upper Wimpole St., London, W.
August 5th, 1914.

Dear Sir,—I beg to thank you for your letter dated August 3rd, and for permission to print your letter of July 27th, marked “Private.”

May I be permitted to point out that in your first letter referring to the “undertaking” required from candidates for the matronship of St. George’s Hospital, you state that “the only object of the undertaking was that our Matron should devote her whole time to the Hospital, and not take up any time or thought for propaganda (political or social) on one side or the other.”

In your second letter you write alluding to your former communication—“There is not the slightest suggestion in it that we desired to interfere with the personal opinions of any of our staff, on the contrary, all we ask is that they shall not take any ‘active’ part in any propaganda. The word ‘active’ implies, of course, the addressing of meetings, canvassing, and the like only, and was, I feel sure, so understood by the candidates.” My contention is that in demanding an “undertaking” of the nature under discussion, from the candidates for the matronship of St. George’s Hospital, your Selection Committee did “deny personal responsibility of thought and action” to them. In my reply I made no charge of insinuation which is not proved by the above quotation from your letter.

Your Matron was required “not to take up any time or thought for propaganda,” and having formed a personal opinion, you denied her the right of “personal responsibility” by depriving her of the right of “action.”

I am pleased to learn, however, that it is not the intention of your committee to carry the “undertaking” to a logical conclusion and to prevent your Matron signing “any petition” in her private capacity.

As your present Matron has been permitted to sign Lord Knutsford’s Protest against the State Registration of Nurses, according to his written statement, in her official capacity as “Matron of St. George’s Hospital” (see British Medical Journal, August 1st, 1914) I would ask that the same liberty of action be extended to her successor.

I must decline to withdraw one word I have written on this subject of such vital importance to the nursing profession at large. Whether you bring my former letter to the notice of the House Committee of St. George’s Hospital or not, as you accuse me of dishonourable conduct, both personally and professionally, I shall do myself the justice of publishing the correspondence in full, and I may add that the nursing profession is keenly alive to the danger of the secret methods of the conduct of business of the Central Hospital Council for London, on which your Committee is represented, in so far as it deals with nursing, and that as this Journal holds a brief for the protection of the personal and professional liberty of “thought” and “action” of trained nurses, it will continue to use its influence to counteract the policy of that autocratic body, which has for the past decade done all in its power to deprive us of such privileges, as evidenced by the drafting of the Official Directory of Nurses Bill, and its introduction into the House of Lords, without consulting the 50,000 working women it proposed to control.

I am, Dear Sir, yours faithfully,

ETHEL G. FENWICK.

To F. J. Frankau, Esq.,
Deputy Treasurer,
St. George’s Hospital, S.W.

A CHINESE PRESCRIPTION.

We are indebted to Miss M. R. Hawkins, Hon. Secretary of the Association of Nursing Superintendents in India, for the following prescription of a Chinese doctor for a case of vomiting. Miss Hawkins assures us that the prescription is genuine:—4 salted lizards (2 male and 2 female), 2 oz. Corea ginseng root, 6 dried grasshoppers (3 male and 3 female), 1 oz. sweet potato stalks, 1 oz. walnuts, 2 oz. lotus leaves, 1½ oz. tail of rattlesnake, 2 oz. black dates, 2 oz. elm tree bark, 1½ oz. harts horn, ¼ oz. birds’ claws, ½ oz. dried ginger, ½ oz. old coffin nails, ¼ oz. devil fish claws. The whole to be mixed with two quarts of water and boiled down to half the quantity. Then tell the patient to drink the mixture as quickly as possible.

THE LAW OF ALLAH.

Not long ago the French Government undertook the collection of vital statistics and general information as to the sanitary status of certain of the European and Asiatic provinces, and for the purpose forwarded to the authorities of these provinces blank forms—questionnaires—accompanied by the usual polite note requesting that the data be supplied thereon and returned to the statistical bureau in Paris.

The pasha of Damascus promptly replied to the questions asked as follows:—

Q. What is the death-rate of your province?
A.: It is the law of Allah that all should die—some die young, some die old.
Q. What is the annual number of births?
A.: Allah alone can say. I do not know and hesitate to inquire.
Q. Are the supplies of water sufficient and of good quality?
A.: From the remotest period of time no one in Damascus has died of thirst.
Q. Give general remarks as to character of local sanitation.
A.: A man should not bother himself or his brother with questions that concern only Allah.
APPOTMENTS.

MATRON.
Cottage Hospital, Thirsk.—Miss Edith Hobson has been appointed Matron. She was trained at the London Hospital, E., and has held the position of House Sister and Night Sister in the same institution. She has also been Sister-in-Charge of the theatre at the Government Hospital, Cairo, Matron of the Post Office Sanatorium, Benenden, Kent, and temporary Matron at the Jessop Hospital, Sheffield.

NURSE MATRON.
Infectious Diseases Hospital, Coxheath.—Miss Dorothy Eileen Gordon has been appointed Nurse-Matron. She was trained at the Royal Hospital, Richmond, Surrey, and has been Nurse Matron at the Isolation Hospital, Heath Town, Wolverhampton.

SISTER-IN-CHARGE.
Leigh Joint Fever Hospital, Astley, near Manchester.—Miss L. G. Burbridge has been appointed Sister-in-Charge. She was trained at the Stanley Hospital, Liverpool, and has held the positions of Staff Nurse and Charge Nurse of the Children’s and Boys’ Ward at the South Devon and East Cornwall Hospital, Plymouth, and of Theatre and Surgical Sister at the Jenny Lind Infirmary, Norwich.

SISTERS.
The Royal Infirmary, Perth.—Miss Anna Lochie has been appointed Sister. She was trained at the Hospice, Edinburgh, and the Royal Infirmary, Dumfries, and has been Night Charge Nurse in the Deaconess Hospital, Edinburgh, and the Royal Infirmary, Montrose, Queen’s Nurse in London, and Sister in the Royal Infirmary, Stirling.

SCHOOL NURSE.
Plymouth Education Authority, Coburg Street, Plymouth.—Miss Florence T. Spokes has been appointed School Nurse. She was trained at the Borough Hospital, Plymouth, and has been on the staff of the Plymouth Borough Hospital, and of the Brighton Borough Sanatorium.

LADY SCHOOL HEALTH VISITOR.
Northumberland Education Committee, Newcastle-on-Tyne.—Miss Emma M. Norrie has been appointed Lady School Health Visitor. She was trained at the East Suffolk and Ipswich Hospitals, and has been School Health Visitor under the Durham County Council.

QUEEN ALEXANDRA’S IMPERIAL MILITARY NURSING SERVICE.
Sister Miss S. Richards resigns her appointment (August 1).

QUEEN VICTORIA’S JUBILEE INSTITUTE.
TRANSFERS AND APPOINTMENTS.
Miss Mary T. Chartres is appointed to Tonbridge. Miss Hannah Graveson to Cleator (Frizington), Miss Helen Lunn to Lames as Training Midwife.

NURSING ECHOES.
The new Matron of St. George’s Hospital, Miss Elsie Cooper, will take up office on September 1st, and will take with her the warm good wishes of her colleagues at the Royal Free Hospital, where she is very popular, for her success in her new work.

Miss Mary Burr’s many friends, and especially the members of the League of St. John’s House Nurses, of which she acted for so long as Hon. Secretary, will be glad to know that she arrived in England before the outbreak of hostilities. It is an ill wind that blows nobody any good, and the fractured ankle which at the time seemed such a stroke of ill luck, has been the immediate cause of her return, as she came to England to obtain the massage ordered for the completion of the cure.

It is a matter of pride with this Journal to give its readers information as up to date as possible at the time of publication; if it is not quite as much up to date just now they will, we are sure, appreciate the reason, which is that in order to give as many compositors work as possible, the hours of all have been limited, so that it is not possible for some to work overtime while others are unemployed. As a rule, overtime men are frequently employed on a paper of this kind, and as the present arrangement has been made for the greatest good of the greatest number, it is one which we feel sure will commend itself.

At the present time, when many nurses are being called off for duty in the Naval and Army Nursing Reserves, and on the mobilization of Territorial Hospitals, many Matrons are interviewing applicants for the vacant posts. For the convenience of those advertising in this Journal, arrangements have now been made by which they can see candidates, by appointment, at 431, Oxford Street, London, W. The office is very central, being in Oxford Street, close to North Audley Street, so it is easily accessible to everyone.

The nurses’ garden party at the Kingston Infirmary, which was to have taken place on Thursday in last week, was postponed by the Matron on account of the war. However, as a number of League nurses had assembled, an informal tea was served to them. Miss Smith writes: “The war has made us all much too serious to take pleasure of any sort.” She adds that the Assistant Matron, Sister Rogers,
The British Journal of Nursing.

who is a member of the Territorial Force Nursing Service, has volunteered for foreign service, and Sister Wakefield, also a Territorial Nurse, hopes to be called up for home service.

The Kentish Gazette, discussing the shortage of hospital nurses and its meaning, says that one reason is that it is only the woman with kind friends or a home of her own who can afford the risk of a serious breakdown.

"After all, a woman who becomes a nun or a Salvation or Church Army worker, is ensured a home in her old age or when her working days are over. She need not worry wondering what will become of her. Perhaps that is why nuns are usually such happy creatures. They know that their simple material needs will always be provided for. But the self-sacrificing hospital nurse has no such sense of security. Even though nurses are so scarce, one never sees probationers over twenty-six or twenty-seven in the wards, and there is prejudice against elderly sisters.

"Many social reformers declare that if hospitals were nationalised and nurses became civil servants matters would improve greatly. If a woman could retire with a pension about the age of forty-five or even earlier, as a Post Office worker can, she would make an even better nurse than she does at present, because she would have such a blessed feeling of security. One ought to be fair. You tell a woman she ought to become a nurse because she is temperamentally fit for the work. And you pay her small wages and deprive her of any social life. She is practically a nun, with far more responsibility than the average nun, and without her sense of security. It is absurd. And still more absurd is it to accuse modern women of callousness just because they adopt other professions than nursing."

On Friday, July 31st, twenty nurses and midwives, members of the Gloucester City and County Midwives’ Association and of the Gloucester City and County branch of the National Union of Trained Nurses, motored out to Tewkesbury via Twigworth and Leigh, visiting the Cheltenham Waterworks, Mythe Hill (by kind permission of Mr. Walker, the manager, who had made arrangements for a guide to conduct the nurses round and explain everything), and the Abbey. After tea, which was partaken of at the Victoria Rooms, the party returned to Gloucester via Corse Lawn and Hartpury after a very enjoyable outing.

Lady Nairn of Rankellour, the newly appointed President of the District Nursing Association in Kirkcaldy, recently opened the new Victoria Nurses’ Home in Victoria Gardens, which is her own gift, as owing to the increased work, and consequent necessity for more accommodation, she purchased and presented the house, besides providing most of the furniture, and handing it over for the use of the nurses. The feu was given by Mr. John Oswald, of Dunnikier. (For the benefit of readers not acquainted with Scots law, we may explain that the word feu implies the disposal of land for building on condition of paying a stipulated annual rent.) Miss Oswald, Vice-President of the Kirkcaldy Nursing Association, presided at the ceremony, and conveyed the heartfelt thanks of the Committee to their President for her munificent gift, and presented to her a golden key.

The late Mrs. Catherine Wilson, of Wyddington, near Birmingham, left £50 to Nurse A. G. Stanley, for whose kind services she thus showed her gratitude.

Mrs. Henny Tscherning, President of the Danish Council of Nurses, has, as reported by Tidsskrift for Sygepleje, its official organ, interviewed the Chairman of the Borough Council in Copenhagen on the question of the nursing of the poor in their own homes.

Mrs. Tscherning expressed the opinion that a town of such dimensions as Copenhagen should have a well organized system of nursing in the homes of the poor, under the control of the Council. This would—as was realized by all those present at a meeting of citizens—have great results in increasing the birth-rate, and would powerfully assist in improving the hygienic conditions of the town.

But she opposed the latest proposition to enlarge the Central foreningen with any kind of sick nursing outside Copenhagen, and to include it in the capital.

The first and foremost reason given by her was one which indicates the essential difference between the Central foreningen and the Danish Council of Nurses, namely, that the members of the former are trained for one year, and of the latter for three years, in the same hospitals and nursing homes.

That the members of the Danish Council of Nurses are also qualified for “Small Homes” work is evidenced by the fact that in many places they work in connection with the parish nursing associations, and that their work in the City of Copenhagen at the tuberculosis stations has received the greatest recognition.

A number of members of the Danish Council
of Nurses work in connection with the Central Society in the country, and Mrs. Tscherning pointed out that many of them were amongst those who, last year, received a mark of honour from the Queen. The Council had found, as the result of practical experience, that one year's training is insufficient, and for that reason insisted upon the three years' standard.

Now that nursing in the homes of the poor was under discussion by the Copenhagen Borough Council, Mrs. Tscherning urged that a full three years' course of training was necessary if the Borough Council's nurses were really to be a band of health missionaries, sent out to improve hygienic conditions, as well as nurses of the sick, who would be of real assistance to the doctors, whose work and responsibility were greatly increased under the proposed new conditions.

Mrs. Tscherning further expressed the conviction that the Borough Council owed the greatest debt to those nurses who would work with them, because they might be said to be "bearers of hygiene." She pointed out that in England and America it had been acknowledged that those who nursed the poor in their own homes should have high technical qualifications and be in good health.

She concluded by a practical offer of help, stating that two members of the Danish Council of Nurses, who had for many years worked amongst the poor of London, were willing to give their services if the Borough Council acceded to its proposal that trial should be made of the work.

The Committee of the St. George's Hospital Nursing Association, Bombay, in their annual report have recorded their appreciation of the services rendered by Miss Mill, the Lady Superintendent, and Miss Dietz, the Assistant Lady Superintendent, who have shown the utmost zeal, and are untiring in their devotion to the welfare and progress of the Institution, and also their satisfaction at the efficiency of the work done by the nursing staff and the private nurses during the year.

In connection with last week's prize competition a correspondent writes:—

"Where flies are well established, a short cut to their extermination is to fumigate the room by sulphur. I know a baker who cleared his shop for a whole summer by closing it securely for one night, leaving the gas escaping slightly—a dangerous expedient. To repaint a room will keep it free from flies for several months, as they dislike new paint."

A UNIQUE HOSPITAL.

THE CITY OF BIRMINGHAM TONSIL AND ADENOID HOSPITAL.

A most interesting hospital, and one which I believe to be unique, is that in connection with the School Clinic at Soho Hill, Handsworth, Birmingham. It was my good fortune to see this during the recent Nursing Conference there, and of all the many interesting memories crowded into that unforgettable week this holds a place in the forefront.

The School Clinic is housed in the building used as Education Offices before Handsworth was taken into Greater Birmingham, and there is a solidity, spaciousness, shall we even say sumptuousness? about it not ordinarily seen in a building used for similar purposes.

The large room now used as a ward is simply and suitably fitted, the cupboards in excellent order, the supply of basins and appliances ample. Every Friday morning it is ready to "take in," every Saturday morning it closes till the next Friday, but a large amount of good work is crowded into those twenty-four hours. Near by is the theatre, with a table of the most up-to-date description, and here children come every Friday morning for the removal of tonsils or adenoids, or both, by the lady doctor—Dr. Moffat—in charge of the Clinic; then they are comfortably put to bed, and two school nurses—when I visited the hospital Miss Drew and Miss Jackson—take charge for 24 hours, a comfortable room adjoining the ward being provided for their use.

Each child brings in two shirts, and during the day of the operation is kept on milk and soda water, and each has a basin of bread-and-milk before discharge on the following morning. There is ample scope for the work of the nurses, and no one who has once had an insight into this work could advocate sending out a child as soon as he has recovered from the effects of the anaesthetic.

Besides the arrangement for hospital treatment on the first floor, there is a doctor's room, a medical examination room, a dental clinic, and a dark room.

One very interesting appliance which I have never noted elsewhere was "Fletcher's Instantaneous Water Heater," the heat power being supplied by gas. It is attached below an ordinary tap, and the result is a constant supply of hot water when needed. The makers are Messrs. Claudius Ash, Sons & Co.

M. B.
QUEEN MARY’S ROYAL NAVAL HOSPITAL.

Her Majesty Queen Mary has accepted the Presidency of Queen Mary’s Royal Naval Hospital, Southend-on-Sea, and has sanctioned an appeal to the Empire in her name for funds to support the hospital, which has been instituted with the object of allaying the suffering of the sick and wounded of the Royal Navy. The Palace Hotel has been placed at the disposal of the committee, rent free during the continuance of the War, and will accommodate at least 100 patients.

The Order of St. John of Jerusalem.

The Queen has become President of a Committee of Ladies of Justice, Ladies of Grace, and Honorary Associates of the Order of the Hospital of St. John of Jerusalem in England to provide hospital, medical, and other comfort for the sick and wounded. Full particulars can be obtained from St. John’s-gate, Clerkenwell.

The British Red Cross Society.

Queen Alexandra has issued the following appeal to the nation on behalf of the British Red Cross Society, of which the King and Queen are patrons:

A war has been forced upon us greater and more terrible even than the Napoleonic wars which devastated Europe 100 years ago.

Thousands of our brave sailors and soldiers are standing ready to defend Britain’s shores and to uphold her honour. Their sufferings will be great, and it is to us that they will look for comfort and relief. That comfort must not be denied them.

As President of the British Red Cross Society I appeal for your help. I do it knowing that you will respond to this appeal in the name of humanity. Much money will be needed and many gifts if we are faithfully to discharge our trust and be able to say when all is over that we have done all we could for the comfort and relief of our sick and wounded.

The heart of the great British nation will surely and generously go out to those who are so gallantly upholding the cause of their country.

ALEXANDRA.

President of the British Red Cross Society.

Her Majesty is also appealing for support for the Soldiers’ and Sailors’ Families Association in order that help may be given to the wives and families of soldiers and sailors whether on or not on the strength.

National Relief Fund.

The splendid response to the appeal of the Prince of Wales for support for a National Relief Fund, of which His Royal Highness is Treasurer, will greatly alleviate the inevitable distress. The Prince’s appeal is supported by the Queen, who appeals to women to help in the local administration of the Fund.

The City of London.

The Lady Mayoress is appealing on behalf of the City of London Branch of the British Red Cross Society for £5,000 to meet the necessities of the voluntary aid detachments which so far have been financed from entirely private sources.

Gifts of stores, medical comforts, and men’s clothing would also be very acceptable, and may be sent to Lady Wyne, the hon. secretary, at the Guildhall, where the branch’s headquarters are installed.

Donations should be sent to the treasurer at the same address.

Offers of Service.

The Admiralty and the War Office have accorded their official recognition to the British Red Cross Society, and have agreed that all offers of voluntary assistance made in Great Britain and Ireland with regard to the sick and wounded in time of war, other than those coming from, or already arranged with, the Ambulance Department of the Order of St. John and St. Andrew’s Ambulance Association for the supply of personnel, shall reach them only through the channel of the Society.

All offers should be made through the Secretary, British Red Cross Society, Devonshire House, Piccadilly, London, W.

Voluntary Aid Detachments.

War having been declared, the Voluntary Aid Detachments have ceased to be under the orders of the British Red Cross Society, and are now under the orders of the local military authorities with whom they are registered.

The organisation of the Society will be employed to assist any detachment mobilised by replenishing stores and drugs and in supplying hospital and general comforts.

Territorial Force Nursing Service.

At a Meeting of the Committee of the T.F.N.S. for the City and County of London, it was agreed to appeal to the Grand Council and their friends to assist further in equipping the four General Hospitals about to be embodied in London.

When a wounded soldier is brought in he has nothing but the clothes he has been fighting in. There are many absolute necessities for his immediate relief needed. Money is urgently asked for, or names of all those who are willing to help by making garments. All particulars, patterns, &c., will be supplied by the Hon. Secretary, The Hon. Mrs. Charles Taitton, 34, Eccleston Square, who will be glad to receive all contributions.

The Hospitals.

The Committee of Management of King’s College Hospital, Camberwell, has placed the hospital at the disposal of the military authorities for the use of the Fourth London General Hospital corps, reserving the casualty department and at least four wards for the general purposes of the hospital. Charing Cross Hospital will provide over 100 beds for Naval cases.
The British Journal of Nursing.
August 15, 1914

Many of the hospitals have placed beds at the disposal of the Naval or Military authorities, amongst them are St. Thomas's Hospital, the London Homoeopathic Hospital, the Central London Ophthalmic Hospital, St. Andrew's Hospital at Dollis Hill.

The Archbishop of Canterbury has placed Lambeth Palace at the disposal of the War Office authorities for hospital use in case of need.

Active preparations are being made at Hull, and elsewhere, on the East coast for the reception of the wounded in the event of a naval engagement.

The Duchess of Westminster is arranging and organizing a base hospital to go to the seat of war with all possible speed.

Several council schools at Grimsby are to be converted into temporary naval and military hospitals, and arrangements have been made by the authorities for several hundred beds to be furnished.

The Empress Eugénie's yacht Thistle is to be used as a hospital ship.

The Canadian Contingent.

Canadian surgeons and nurses who are not attached to the Regular Forces, the Territorial Forces, or the British Red Cross Society, and who are willing to give their services to the Canadian Voluntary Hospital Contingent, are requested to send their names with particulars of qualifications and experience to W. Macleod Moore, Hon. Secretary, General Buildings, Aldwych, London, W.C.

Raith House.

Sir Ronald Munro Ferguson, Governor-General of Australia, has cabled directing his factor at Raith, Kirkcaldy, to offer Raith House to the Government as a military hospital.

Lady Dudley's Field Hospital.

By request of Australians Lady Dudley is equipping a voluntary field service hospital, which she will organize and accompany. Dr. Douglas A. Shields, an Australian surgeon, now in London, will be in professional charge. Funds for equipment are already guaranteed by Australians; but further donations, with a view to extension and maintenance, may be sent to Lady Dudley, 7, Carlton-gardens. A provisional equipment is actually ready for service at any moment.

Where to Volunteer.

Nurses wishing to volunteer for active service must do so at the office of the British Red Cross Society, which is now established at Devonshire House, Piccadilly, W., by the kindness of the Duke of Devonshire, who has placed the whole of the ground floor at the disposal of the Committee. Devonshire House is easily identified by the Red Cross flag which floats over it. Nurses engaged in hospitals or on the staffs of Private Nursing Institutions, or District Nursing Associations, should first get the assent of the Matron or Superintendent.

Obligations to Country.

Messrs. Welford & Sons, Ltd., Majda Vale, ask the indulgence of their customers under the very trying conditions now existing. They fully recognize their obligations to the country in yielding up and supplying men and horses for war requirements, and consequently there will be great difficulty in maintaining the service of supplies with the usual regularity, but every endeavour will be made to maintain a full and regular service and if any complaint arises they would esteem it a favour if intimation is addressed by letter to the Chief Offices, Elgin Avenue, Majda Vale, when it shall receive most careful attention. The question of maintaining a regular service of butter and eggs causes a great amount of anxiety, the restricted supplies having caused wholesale prices to advance abnormally. Messrs. Welford beg to assure their customers that on no account will any undue advantage of prevailing conditions be taken, but their selling prices will be based upon a close working margin of profit only.
ROYAL COMMISSION ON VENEREAL DISEASES.

Giving evidence before the Royal Commission on Venereal Diseases, Mr. Edward Smallwood, J.P., L.C.C., Chairman of the Directors of the Alliance of Honour, said that this organisation was an association of men who pledged themselves to the object of purity. The Alliance had been in existence about eleven years, and had now some 500 branches in different parts of the country and a membership of 42,000 which was steadily growing. He believed that by inculcating principles of purity and chivalry and by the work of moral education the Alliance was attacking a great social evil with its attendant diseases at the source. Mr. Smallwood said that his experience showed that ignorance was one great cause of persons contracting venereal diseases.

The Alliance was endeavouring to combat this ignorance by means of lectures and public meetings and by the dissemination of literature; the two branches of instruction, moral education and instruction in the actual physical dangers were kept side by side. Official action was, however, extremely desirable on the subject of education. Instruction should be given to the young in schools and colleges on a properly graduated plan, and it would be necessary that carefully-selected teachers should receive special training which would enable them to impart this particular kind of instruction.

Mr. Macleod Yearsley, senior surgeon to the Royal Ear Hospital, stated that in his opinion syphilis and its concomitants was as severe amongst children of the poor as it was when he started practice as an aural surgeon twenty-one years ago.

He had found that amongst children there were far more cases of manifesting congenital syphilis among the poor than among the better class. This he attributed to the fact that in the latter the disease was recognised earlier and therefore treated earlier. Among the poor, syphilis very often went untreated and this was specially the case with children.

As showing the number of children with congenital syphilitic deafness appearing after birth with sufficient severity to necessitate special education, he referred to records he had kept in connection with work at special deaf schools. Of the 845 children (427 boys and 418 girls), examined during a period of seven years, 91 or 7.21 per cent. were deaf from congenital syphilis; the females affected were greatly in excess of the males, the relative percentages being boys 4.94, girls 9.56.

Mr. Macleod Yearsley stated that the treatment of acquired syphilitic deafness nearly always failed. It had been pointed out that the children who became blind and deaf were those in whom syphilis went untreated in infancy. It was, therefore, important that treatment should be obtained as soon after birth as possible.

The widest possible routine application should be made of methods of diagnosis, and the Wassermann reaction should occupy a prominent place. Advantage should especially be taken of school inspection for the purpose of applying the reaction in all suspected cases, not only of the school children themselves but of the parents. All cases should be thoroughly treated as early as possible.

Mr. Macleod Yearsley stated that the National Bureau for Promoting the General Welfare of the Deaf, whose representative he was, in its provisions for promoting the prevention of deafness, had the notification of all cases of congenital syphilis and facilitation of treatment of mother and child, failed.

Dr. James Galloway, Senior Physician at the Charing Cross Hospital, stated that recent experience gained in dealing with venereal diseases in the Army and Navy, greatly encouraged the expectation that these diseases might, if favourable conditions were obtained, be prevented, and their evil consequences diminished in the general population.

He did not think, however, that compulsory measures involving registration and treatment were likely to lead to satisfactory results. In dealing with the general community it was necessary that all efforts to cure and eradicate these diseases should be reinforced by the willing consent of the sufferers and by the sympathetic cooperation of the rest of the community. Social stain or stigma should so far as possible be removed from those under treatment. It should be strongly impressed upon the public that large numbers of persons suffering from venereal disease through no fault of their own.

Facilities for efficient treatment should be provided for all classes of the community and for both sexes. It was more important from the point of view of the public health that poor and ill-educated patients should be successfully dealt with than those in better circumstances and presumably greater intelligence. In the case of the poorer patients these diseases (even when recognised) were often looked upon as matters of comparatively little importance.

All hospitals willing to undertake the treatment of venereal diseases in their early or acute stages should be encouraged to do so. If this were done facilities would immediately be at hand for the greater number of patients. It was especially desirable that hospitals with medical schools should undertake the treatment of these diseases in any general scheme of dealing with those maladies throughout the community. Opportunity would thus be provided for the instruction of medical students in the recognition and treatment of venereal diseases in a way which had been impossible in the past.

Dr. Galloway thought that the cost involved in the treatment of these diseases on a large scale would be considerable, and as the proper treatment and eradication of the diseases was a matter affecting the general health of the whole com-
munity, it was proper that the expense should be met by local authorities or by the State.

Mr. Pugin Meldon, Senior Surgeon at the Westmorland Lock Hospital, Dublin, gave evidence before the Commission as the representative of a Joint Committee appointed by the Royal College of Physicians of Ireland, the Apothecaries Hall, Ireland, the School of Medicine at Trinity College, Dublin, and the National University of Ireland. The Committee laid stress on the point that the difficulty in dealing with venereal diseases arose from the social stigma attaching to those suffering from it. This stigma was certainly a hindrance to early diagnosis and treatment, and this being so, it was not desirable to establish for the treatment of the general class of venereal disease patients special dispensaries and hospitals, or special laboratories for diagnosis. As regards diagnosis, it was essential that clinical methods should be supplemented by the aid of the pathological laboratory, and arrangements should be made for the free diagnosis of venereal disease at the laboratories in the Pathological Departments of the Universities and Medical Schools.

With regard to treatment, the Committee were of opinion that one cause which operated very extensively in deterring people from obtaining proper treatment was the penalisation of venereal disease. Employers of all kinds were in the habit of either dismissing or resorted to advertising quacks, and only sought a physician when the disease was so far advanced that they were unable to do their work. So long as this penalisation persisted it was impossible seriously to suggest any scheme of notification, and therefore any really effective method of prevention.

Similar considerations led the Committee to suggest that the Insurance Act should be amended so as to make it impossible to withhold sick pay and disablement pay in cases of venereal disease.

The Committee referred to the fact that some general hospitals have rules precluding the admission of venereal patients, and they suggested that pressure should be put upon such hospitals to have these rules rescinded.

The Children's Sanatorium, at Holt, Norfolk, which owes its inception to Miss Marian Rumball, for so many years Sister of Barton Ward at the London Homoeopathic Hospital, has been approved as a special school for tuberculous children. Of the £22,000 raised since the institution was founded, over £11,000 is represented by the site, building, and equipment, and about the same amount has been spent in the eight years of its existence for maintenance of cases. About £1,500 is required to complete necessary adjuncts—receiving shelters and an isolation shelter—and to close the building accounts.

OUTSIDE THE GATES.

WOMEN.

The King, on the advice of the Home Secretary, has remitted the remainder of the sentences on all persons now undergoing terms of imprisonment for offences connected with the Suffrage agitation. In making the announcement to Parliament Mr. McKenna said that the course had been taken without solicitation on their part, and without requiring any undertaking from them.

Mrs. Henry Fawcett has made a stirring appeal to the members of the National Union of Women's Suffrage Societies to " Bind themselves together for the purpose of rendering the greatest possible aid to the country at this momentous epoch." The 500 Societies of the Union have been asked to make suggestions without delay as to the best method for relieving the suffering entailed by the war. The Executive which considered the plans laid before them, being of opinion that for the time being the ordinary political work of the Union must be suspended, decided that the National Union, as an organisation, should give its services, through its affiliated societies, for the relief of distress caused by economic and industrial dislocation. The Societies of the Union have therefore been requested to send at once a letter to the Lord Mayors or Mayors, or Chairmen of Councils placing their services at their disposal.

The offices at Headquarters are already being organised as a Labour Exchange Bureau for voluntary work, for receiving, classifying, and distributing offers of help. These offers are very numerous, and it is suggested that some of the larger societies of the Union shall use their offices for a similar purpose. Many of the Societies have already started work, in various directions, and amongst the plans which have been proposed are the suggestions that lists of voluntary workers shall be prepared to take the place of men in harvesting, farm work, &c., that schemes should be undertaken for boarding out young children under five in the houses of the well-to-do, that special service should be given in connection with the distribution of Government stores and money to Reservists' families, Red Cross and medical work, clerical work in offices set up for emergency purposes, &c.

All members of the National Union who volunteer their services are to wear their badges and, if possible, the uniform of the Active Service League. This was initiated by the sister of Sir John French, Mrs. Harley, who is at this moment particularly active in organising relief.

Two pamphlets issued by the British Committee of the International Federation for the Abolition of State Regulation of Prostitution, 19, Tothill Street, Westminster, S.W., price 1d. each, are of much interest to those who realise the importance of this question. The first, "Law and Administration in regard to the Social Evil: an outline of existing conditions and projected
reforms in the principal Civilised States," is compiled by Dr. H. M. Wilson. The law and practice in the British Empire is of special interest. It is to the credit of this country that England (in 1885) was the first country to enact a law dealing with foreign traffic in women; no country except Denmark and Holland has even now a stronger law. It is startling to learn that among the civil population in India the age of protection for girls is only twelve. A much needed Bill was introduced in September last, giving somewhat better protection.

The second pamphlet, "Regulated Vice and the Traffic in Women," by Mr. W. J. Payling Wright, B.A., deals with the Maisen de Tolaine and the Segregated Area. The author justly argues that regulation implies sanction, and tends to augment both supply and demand. The author says in conclusion: "If I knew of a single argument in favour of segregation, or if I had met with any good results in the shape of an improvement, through its means, of the morals of a community in any quarter of the world, or any lessening of disease by its beneficent ministrations, I would place them before you now. I know of none. I do not believe there are any."

BOOK OF THE WEEK.

"LITTLE FAITHFUL."

We can without hesitation say that this book should rank as one of the most attractive of the season. It is, perhaps, a little unfortunate that at this time we should be called upon to admire a personality that is German before all things; and we are perhaps rather pleased that our judgment rebels against the admiration that is asked for, and to say that though Mehring may win our pity and even our affection, both feelings are tinged with the contempt that English people are bound to feel for masculine weakness. But this does not at all prevent the book from being a remarkable one.

Charming Betty hopelessly succumbs to his attractions from the first moment of seeing him; and Betty is not only charming, but well cultured and clever enough to write plays that succeed.

Her first notable book was the "Toy Soldier," and her inspiration for it was an unknown and angelic-looking young lieutenant she had met once in a train, with bright-coloured hair, and all his ideals in his eyes. When her book was famous she met him again, disgraced, dismissed, an exile from home, crushed and trodden under.

There is too much temperament altogether about him for English ideas, with his tears and pistols and attitudes. Betty, recognizing all this, yet loves him, and very thoroughly, in spite of reason and common sense. We should have mentioned that the setting of the story is American, with the spontaneous crispness in its style that American stories so often possess.

"You've got," mused Betty, "to see a man a little through the eyes of your friends and I wonder where I read that," she added contemptuously. For really was there ever a less eligible author than Hugo Mehring? And why was she marrying him at all? He had a smile like the break of day, and winning manners, and more than good looks. He was a nice little mother's son. She came to dry conclusion.

The birth of Vashti's "little lad" is a pretty little picture, which illustrates the nameless charm of the whole.

"Very soft Betty found him, very pink, with a little coppery fuzz upon his head, like the down on a young bird. He looked into vacancy with the nebulous eyes of a tiny kitten; while, with his pink fingers, which reminded her of sea-anemones, he made purposeless uts that brought his thumb no nearer to his small pursed mouth."

It was the loss of the Titanic, on which Hugo was hastening back to her after absence that opens Betty's eyes to the state of her own feelings for Hugo. In the agony of suspense she realises how much his love means for her.

"I wonder," she mused, "was I most fool or niggard that I did not kiss him when we said good-by?"

When he was restored to her from the jaws of death, she says to him,

"Dear! my dear! And it was you always from the first and always will be you—you only. I know it now. It took me long to learn, but I know."

This book deserves appreciation, but we must not make Betty's mistake and fall in love with Mehring—for he was "Little Faithful," which somehow goes against the grain.

H. H.

"OUT IN THE RAIN."

Two steps down
An' into the garden,
Through the gate
An' into the lane.
Nobody's seen me!
Nobody's seen me!
All by myself I am out in the rain.
Brown little puddles.
The mud makes me slip,
Rain from the willow trees,
Drip, drip, drip.
A little worm wriggles across over there,
And I laugh, an' I'm ruinin' with rain in my hair.

Through the gate
An' back in the garden.
Two steps up
An' into the hall.
Nothin' an' nobody's nice at all!

By Marion St. John Adcock.

WORD FOR THE WEEK.

He who sows courtesy reaps friendship, and he who plants kindness gathers love.—Basil.
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.

NOBLESSE OBLIGE.

To the Editor of The British Journal of Nursing.

Dear Madam,—I shall be obliged if you will insert the following correspondence in the next issue of the British Journal of Nursing, as I am a delegate only and not an officer of the Central Committee for the State Registration of Nurses, a fact well known to Lord Knutsford.

I am,
Yours faithfully,
Margaret Breay.

The following letter has been sent by Lord Knutsford to more than one Matron, who has been weak enough to sign both the Petition for Registration and the Protest against it!

LONDON HOSPITAL,
WHITECHAPEL, E.
3rd August, 1914.

To Miss ———,

Dear Madam,—

STATE REGISTRATION OF NURSES.

I have just seen the list of signatures in support of this Bill and find that your name is entered among them. I wonder if this has been done with your authority, as you quite recently signed the Protest against the Bill which was sent to you and the form is before me.

Would it not be best to write to Miss Breay at 431, Oxford Street, asking her to delete your signature?

Yours faithfully,
Knutsford
(Chairman).

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES,
431, OXFORD STREET,
LONDON, W.
August 10th, 1914.

My Lord,—If any more Matrons at your suggestion, wish to remove their names from the Petition to the Prime Minister in favour of State Registration of Nurses, will you instruct them to communicate with the Hon. Secretaries of the Central Committee for the State Registration of Nurses, Dr. Goodall and Mrs. Bedford Fenwick, not with me, as I have no position, as you are fully aware, on the Central Committee beyond that of an ordinary member.

As in your letter to one of the signatories you assume that her name may have been appended to the Petition without her authority, a base insinuation which you know is false, I am sending your letter to the British Journal of Nursing for publication, so that the nursing profession may be on its guard against your unjustifiable methods in conducting the anti-registration campaign.

I am, My Lord,
Yours faithfully,
Margaret Breay.

To The Viscount Knutsford,
Chairman, London Hospital.

THE VERY BEST FOR OUR SOLDIERS.

To the Editor of The British Journal of Nursing.

Dear Madam,—It is with horror that I read in today's Daily Chronicle that 100 factory girls are nursing the wounded soldiers at Yarmouth. Surely it cannot be allowed. I consider it a national disgrace if such is the case. Surely out of the hundreds of people that have volunteered to nurse the wounded there could be found trained and certificated women to nurse those poor men. It is dreadful to imagine their being nursed by factory girls who can know absolutely nothing about nursing. The very least we can give the men that are fighting for us is the very best of skilled nursing.

Please forgive my troubling you, but I know you would feel the same about this matter.

Faithfully yours,

Annie McCabe.

(The paragraph to which our correspondent refers states that the wounded will be landed at Yarmouth in a portion of the covered herring market, from whence they will be distributed to the hospitals, and that about 100 of the girls employed by a manufacturing firm have enlisted as nurses and hospital assistants.—Ed.)

THE NATIONAL RELIEF.

To the Editor of The British Journal of Nursing.

Dear Madam,—You will doubtless have seen in the press that relief to alleviate in some measure the distress that war must cause is being organised by the Local Government Board.

Steps are being taken to form central committees in the boroughs, the larger urban districts, and the counties, under the chairmanship of the mayors and chairmen of councils, which will consider the needs of the localities and control the distribution of such relief as may be required. These committees will include representatives of the municipal, educational, and poor law authorities, distress committees, trade unions, and philanthropic agencies.

We would urge on all our affiliated Associations and women generally that it is the duty of all citizens to give the utmost help in this time of need.

We shall be glad to hear what the Associations or individual members may find they are able to do.

Yours faithfully,

Annie Leigh Browne.

The Women’s Local Government Society.

OUR PRIZE COMPETITIONS.

August 22nd.—Describe the Hydro-Therapeutic treatment of high temperature in pneumonia.

August 29th.—State what you know about Pemphigus, and the midwife's duty in connection with it.
THE SPECIAL RESPONSIBILITIES OF SANITARY AUTHORITIES IN REGARD TO INFANT WELFARE.*

(Abridged)

BY JOHN ROBERTSON, M.D., B.Sc.
(Medical Officer of Health, City of Birmingham).

I desire to draw the attention of this Conference to two points in relation to infant mortality which I think are not easily comprehended. The one is the magnitude of the harm done by ignorance and carelessness during intra-uterine life and shortly after birth; and the second is the extraordinarily encouraging results that have accrued from definite action taken during the past ten or fifteen years in the prevention of infant mortality.

In regard to the first point it is not altogether easy to give a precise idea of the extent of the harm done to young life. The fact that the infant mortality rate in an unhealthy district varies from 150 to 200 deaths per 1,000 births per annum does not convey very much information, because the statement is an isolated one, and it is somewhat difficult to compare it in its magnitude with anything else.

I would, therefore, draw attention to the method adopted by the Registrar-General in his annual report for 1911, which gives for the first time a tabular statement showing the number of people who died in England and Wales at each age. When such a table is put in chart form a simple and very impressive demonstration is given of the mortality at any one age. In addition to having a chart prepared, I have had a model made, which in a simple way appears to me to bring home the enormous problem of the mortality amongst infants to a layman's mind better than almost any other method I know of. The chart shows the figures for England and Wales, while the model shows the figures for Birmingham only. I can recommend such a model as a very good means of drawing attention locally to this problem.

But all such models have their limitations. The waste of infant life before birth or at birth is not indicated by such a model, and if one takes the figures which have been recently quoted as approximately correct for still-births, miscarriages, and abortions as equal in number to the deaths during the first year of life, one has at once to double the great sacrifice of life.

There is still the problem of damage done during the first year of life, causing ill-health in subsequent years. We have little or no means of ascertaining this other than the opinions of medical men and others who have devoted their lives to a study of the health of young children. At the end of the first year of life a large number of children are annually launched into their second year in an extremely debilitated and unwholesome condition; indeed, in such a condition that the mortality, as indicated in the model and the diagram, is very heavy in the second and third years of life. But what is even more important is the larger number of children who do not succumb but who are permanently enfeebled by conditions resulting from the same causes as those bringing about mortality in others. Such children one sees every day at our consultations, and within the last few years great attention has been drawn to these conditions at the medical examination of entrants to our public elementary schools.

The second point that I desire to emphasize is the decided improvement which has resulted from defined action. The second diagram shows the rate of infant mortality in England and Wales, and in my own district of Birmingham, and in each case since special public attention has been drawn to the need for concerted action to attack infant mortality, the rate has gone down annually. This is well shown on the black curve on the chart. In order to eliminate the very violent disturbances which take place in the rate of infant mortality due to climatic conditions I have both in the case of England and Wales and in the case of Birmingham subtracted all deaths from gastro-intestinal diseases and calculated the rate of mortality on the remainder. This clearly shows that climatic conditions in recent years have not been the cause of the reduction that has taken place.

One cannot get away from the fact that this reduction is very much like that which has followed many other great reforms, i.e., firstly, attention is drawn widely to the problem without much resulting; secondly, one district after another applies remedies; and, thirdly, according as these remedies are efficient the rate of mortality has decreased. The greatest of all remedies has always been and must continue to be the spread of knowledge as to the existence of evil and the reason for the evil. Largely, the reduction which has occurred in nearly all districts is due to the spread of such knowledge. Speaking generally, it is much easier to spread information in country and suburban districts than among the degenerates in the slums of the town. It is also much easier to get good results in the suburban districts of a large town than in the central slum areas.

The prevention of infant mortality must depend on many forces all working together, but of these I am satisfied that the greatest is education in its widest sense. What has been accomplished along these lines is sufficient to encourage us to go on and insist on a continuation of the reduction in mortality which has now set in.

* Read at the National Conference on Infant Mortality, Liverpool, July 1914.
Statistically there are a few other facts I should like to draw attention to before outlining what I think requires to be done from an educational point of view.

First let me point to the fact that infant mortality is a class mortality. I show you a map of my own city which indicates quite clearly that the mortality in the central areas is considerably more than double what it is in the suburbs. We have many very large artisan areas where the rate of mortality is less than half of what it is in the slum areas of the centre.

I feel certain that the main causes of these great differences are not that the housing conditions are much worse, nor the conditions of poverty greater, or that drunkenness and vice are more prevalent in the slum areas, but that the mothers in these areas suffer from a greater ignorance as to what constitutes healthy and reasonable conditions for their babies, than do the mothers in the suburban ring. To guard against misapprehension I must, of course, admit that housing, poverty, drink, and vice do play an important part in the production of infant mortality, but not the most important part.

The infant mortality rates vary according to the occupations of the infant's father which appeared in the Registrar-General's report for last year for the first time afford strong confirmatory evidence.

<table>
<thead>
<tr>
<th>Father's occupation</th>
<th>All causes Tuberculosis Diarrhoea and enteritis</th>
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</thead>
<tbody>
<tr>
<td>Artists</td>
<td>27</td>
</tr>
<tr>
<td>Merchants</td>
<td>30</td>
</tr>
<tr>
<td>Doctors</td>
<td>39</td>
</tr>
<tr>
<td>Naval officers</td>
<td>41</td>
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<tr>
<td>Solicitors</td>
<td>43</td>
</tr>
<tr>
<td>Army officers</td>
<td>44</td>
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<tr>
<td>C.E. clergy</td>
<td>4</td>
</tr>
<tr>
<td>General labourers</td>
<td>107</td>
</tr>
<tr>
<td>Laundry labourers</td>
<td>171</td>
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<tr>
<td>Dock labourers</td>
<td>172</td>
</tr>
<tr>
<td>Iron workers</td>
<td>172</td>
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<td>Earthenware workers</td>
<td>172</td>
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<td>Brass workers</td>
<td>171</td>
</tr>
<tr>
<td>Natives</td>
<td>187</td>
</tr>
<tr>
<td>Factory labourers</td>
<td>101</td>
</tr>
<tr>
<td>Scavengers</td>
<td>192</td>
</tr>
<tr>
<td>Costers, hawkers</td>
<td>109</td>
</tr>
</tbody>
</table>

If the infant mortality rate in the worst area of our city had occurred uniformly last year all over the city it would have meant the deaths of 2,380 other infants who are now alive.

I have said something about the waste of human life resulting from abortions, miscarriages and stillbirths, which together is probably about equal to that from mortality during the first year of life. I believe largely that this is preventable, and that want of knowledge is here again the main cause of the waste.

To give the practical outcome of my experience in this short paper I am of opinion that, for the reduction of infant mortality we must look to educational methods to a larger extent in the future than in the past. I do not mean to the exclusion of everything else but this must be our main line of attack.

There appear to me to be three lines of action all of which require concurrent attention.

(1) There is the education of the general public. The fact that we have a great and unnecessary evil in our midst is the strongest possible stimulus to action.

(2) There is the education in various ways of the present generation of mothers.

(3) There is the education in schools and otherwise of the rising generation of mothers and fathers.

This last method is, I think, capable of great development in the direction of insuring that every boy and girl in our public elementary schools leaves with a really good working knowledge of what constitutes a healthy condition of living. This duty devolves on our education authorities who have so many other duties to perform that this, the most important of all, appears to be in danger of receiving far too little real attention. If we can induce the Board of Education to require a very much higher standard than at present we shall accomplish a great and real advance in the near future.

The work done by health visitors, by consultations, and by the numerous voluntary societies has had a direct and appreciable effect in reducing mortality and illness by educational means. I am so convinced of the value of such organizations that I think the time has come to require this provision in every town.

Then, there is the larger campaign of keeping the general public informed as to the real facts of the problem of infant mortality and the damage done to the stamina of the nation by ignorance in the early years of life. I feel strongly that this, like other problems, can only be met by keeping the central facts before the public whenever occasion can be found.

**CENTRAL MIDWIVES BOARD.**

The following is the paper set by the Central Midwives Board for candidates for its examination on August 5th, 1914.

**EXAMINATION PAPER.**

1. What are the principal measurements of the fetal skull, and what is the importance of each with regard to the size of the pelvis?

2. What is Uterine Inertia? How would you treat it in the First and Second Stages of Labour?

3. What is the Third Stage of Labour? How would you conduct it in a normal case? Give reasons for everything that you would do.

4. What is meant by Involution of the Uterus? How do you know if it is proceeding satisfactorily? What causes may delay it?

5. Describe the normal appearance of the infant's stools from birth to the end of the first week. What changes in them would you think it necessary to report to the doctor?

6. What do you consider to be meant in the Rules of the Central Midwives Board by "Serious Skin Eruptions," and what is your duty in regard to them?
EDITORIAL.

SERVICE.

Ask God to give thee skill in comfort's art;
That thou may'st consecrated be, and set apart
Unto a life of sympathy.
For heavy lies the weight of woe in every heart,
And comforters are needed much,
Of Christ-like touch.

As we pointed out in our last issue, we are all in the grip and throes of war. We ourselves are relatively fortunate because our country is not the storm centre. It requires no great fertility of imagination, however, to conceive the sufferings and the agonies, and the high death roll of our brothers on the battle-field, not very far away—brothers on both sides—but we are at least spared the painful sight and sound of death-dealing machines. News of victories and losses we eagerly read in many editions of the daily papers. Indomitable courage on both sides is the redeeming feature in this great and grim struggle.

All men and women are filled with a great resolve, namely to serve, to be on active service in some capacity. Everywhere, among private individuals and societies, one desire, one spirit is evinced: to serve all who stand to lose and to suffer. An energy and a self-forgetfulness—perhaps equalled, but never surpassed—animates England to-day "for the poor souls for whom this hungry war opens his vasty jaws." All stand to lose in some measure over the war, but this calamity of Nations leaves no room for self-pity; rather it opens hearts and purses for the relief of those upon whom the brunt of the disaster will fall:—the weakest and poorest.

It makes us proud to learn of the splendid solidarity among women in this crisis, more especially among Suffrage Societies. Soreness and bitterness have been put aside, replaced by admiration and unstinted praise for the wisdom, foresight and loyalty displayed by our rulers at the time of national emergency. Women are everywhere cooperating and organizing themselves into corps for the purpose of serving their country in any and every way. Many no doubt are glad of the opportunity of proving what they can do, for it is a regrettable fact that many talents remain hidden because of the lack of opportunity to use them. There are openings and opportunities for everyone now, and women endowed with all varieties of talents have placed them at the service of their country, cheerfully and willingly. Trained nurses for the combatants, women with every other kind of training for the non-combatants. We learn that the offices at the Head Quarters of the National Union of Women’s Suffrage Societies have been transformed into a Labour Exchange Bureau. The Women’s Freedom League are organizing a Women’s Suffrage National Aid Corps. The Women’s Emergency Corps inaugurated by the Actresses Franchise League, has sprung into being with the swiftness of thought, within the last few days. The Church League for Women’s Suffrage has made the following proclamation: "At this crisis in the history of our Empire, the Church League for Women’s Suffrage feels that it must abandon in a great measure suffrage work, and place its organization at the disposal of its Country." In short women have given ample proof of their powers and their patriotism in the time of their Nation’s trial.

We rejoice to learn that the National Relief Fund has—at the time of writing—reached the sum of £1,250,000. It has often been said, that war—terrible as it is, brings out some of the finest qualities in mankind; nothing is needed to justify this assertion at the present time.
OUR PRIZE COMPETITION.

DESCRIBE THE HYDRO-THERAPEUTIC TREATMENT OF HIGH TEMPERATURE IN PNEUMONIA

We have pleasure in awarding the prize this week to Miss Dora E. Chapman, Norton Malton.

PRIZE PAPER:

Cold or tepid sponging is one of the most refreshing and beneficial means of reducing temperature. It is carried out limb by limb, so as to disturb the patient as little as possible.

Before commencing this treatment, a table should be prepared, close at hand, containing stimulants and a hypodermic injection of strychnine measured, ready for immediate use if needed. Each sponging should not be of longer duration than ten minutes or a quarter of an hour, and a careful watch is kept on the patient’s pulse and temperature. The bed linen is protected by a piece of mackintosh or jacquard covered with a towel or blanket, which is inserted under each part of the body during the sponging process. The patient should be kept well covered up, leaving one arm lightly protected to allow of the frequent use of the thermometer. Special attention must be paid to prevent collapse by placing hot water bottles at the extremities, and the patient should be wrapped in a warm, dry blanket after each sponging.

“Cold” or “ice” packs are other methods of hydro-therapy.

The patient is wrapped in a blanket, and a mackintosh sheet covered with a blanket is inserted under him to protect the bed. A sheet, previously wrung out in cold water, is folded lengthways, with the edges towards the middle, and is then closely adapted all over the patient under the blanket, leaving one arm exposed for the purpose of taking pulse rate and temperature. The sheet is kept at a low temperature by the application of towels which are constantly changed and wrung out in fresh cold water. A large sheet of jacquard is useful to cover over the patient, and prevents the bed-clothes from getting damp. It is preferable to use mackintosh for this purpose, as the patient does not feel the extra weight. An “ice” pack is prepared in the same manner, the sheet being frequently rubbed with pieces of ice. When the “pack” is removed the patient is well dried and wrapped in warm blankets with hot bottles. This treatment should not extend over a quarter of an hour, and the same precautions must be taken to provide stimulants and restoratives as in cold sponging.

Ice poultices applied to the affected side relieve pain, and help to lower the temperature. An india-rubber ice bag is the best for this purpose, if available, a piece of lint being placed over the patient’s skin before applying it. When an ice bag is not at hand, a good sponge bag makes an efficient substitute, providing it is quite water-tight and well tied up after the ice has been put in. The ice should be broken into comparatively small pieces, as, unless the bag can be suspended from a cradle, the patient may feel discomfort from any extra weight. Therefore, it should be as light and comfortable as possible, and renewed frequently. Another method of preparation is to sprinkle powdered ice on to a sheet of gutta-percha tissue, fold over and seal the edges with ether or turpentine. The addition of linseed meal amongst the ice is sometimes recommended, as it easily absorbs the water from the ice as it melts.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dora Vine, Miss P. Jones, Miss M. Miller, Miss J. Mackintosh.

Miss Dora Vine writes:

The high temperature, which is so typical a feature in cases of pneumonia, has of late years been treated in quite a new way. From applications of damp heat, we have come to just the opposite, and now physicians are using cold as a therapeutic measure, and cold in the form of ice bags, poultices, and Leiter’s tubes. In some cases even the cold bath, and cold sponging, are ordered with good results. The great principle of this treatment is to lower the temperature, without depressing the already overworked heart. Drugs that were formerly used to reduce fever affected the heart, so that the good they did was almost counteracted by the depressant action on the heart, while the old treatment of pneumonia by constant poulticing had many drawbacks. It needed skilled hands, and it predisposed the already weak patient to the slightest chill. The modern way of applying cold has fewer drawbacks, though certainly great skill and judgment are needed. It is obviously unwise to stick blindly to routine, and if the temperature says “cold must be applied,” but the pulse says “danger,” the nurse should in doubt send for or telephone to the doctor.

In carrying out this treatment, the nurse must do three things well—prepare well, treat well, watch well.

QUESTION FOR NEXT WEEK.

State what you know about Pemphigus, and the midwife’s duty in connection with it.
SOME THOUGHTS ON THE WAR.

By A. Knayett Gordon, M.B.Cantab.

When I was asked by the Editor to write a few notes on the war as it might affect the nursing profession, it seemed to me that what many nurses want to know just now is what kind of wounds that are inflicted by bullets or shell fire, and it may be necessary for those who have been away from hospital for some time to rub up their bandaging, application of splints, and so on. Then there may be outbreaks of enteric fever, which will leave those who survive in a state of great bodily weakness. Still, all these things can be read up, or practised, and there is no advantage in an article of this sort in giving a réchauffé of the text-books which are nowadays accessible to every nurse. Still, I would advise any who are likely to be employed in the treatment of the wounded and who may not have access to a library, to borrow a surgery book from any available doctor, and polish up any rusty spots in their memory of which they may be conscious.

On thinking things over I found myself wondering whether all of us realise how great a part is played in a modern war by the problems of infection, and I think we shall do well just to take stock of our knowledge on this point.

Now provided that a bullet or a piece of shell does not do immediate damage to some vital organ or large blood vessel, and the wound does not get septic, no great harm results, and the wounded man makes a quick recovery, and is not likely to want much nursing. The modern rifle bullet is so hot as to be quite aseptic itself, and it either goes clean through a man, or perhaps, if its force has been already spent, it may lodge somewhere in the tissues. In either case, we are not likely in this country to have to deal with simple wounds of unimportant structures. We may perhaps see some instances of badly smashed bones, which will require to be united by plates, screws, or other means in our hospitals, but this class of case will not give the nurse much anxiety.

It is far different with wounds that have been infected. The chances of this calamity are far greater in warfare than in ordinary life. On the one hand, we have the probability that the wound itself will not or cannot be immediately protected from infection. It is true that everyone going into action carries an antiseptic dressing, which he is supposed to apply himself to the wound, but he may be too ill to do this, or he may have used it previously for a slight wound, and then have no other to put on if he should be unfortunate enough to be wounded again. Or the dressing may be soaked through with blood from inside, or with dirty water or mud from without, or it may have become displaced in the stress of battle. Obviously the chances of septic material entering either from his clothes or the earth, or some other source, are very great indeed.

Not only this, but there will be many factors which tend to lower the man's powers of resistance to infection. He may have had to go without food, or have been weakened by loss of blood, so that the organisms in infection, once they have gained entrance to his system, may find but a poor force opposed to them inside.

Let us then consider what actually happens under these circumstances. It does not matter for our purpose what kind of organisms are concerned, though I may remark that the bacillus of that deadly disease tetanus is found in soil, and often plays havoc with wounded men who may have lain untended for some time on the field of battle, but in any case germs begin to multiply in the wound. White blood corpuscles are called up in the blood stream to fight them.

Now the microbes manufacture poisons—antitoxins—which circulate in the blood, and if not neutralised by the antitoxins secreted by the leucocytes, give rise to such signs as fever, headache, prostration, delirium, and so on. If the patient's leucocytes are inadequate for defence, the output of toxins may be so great as to kill the man in a short time from acute septicaemia, or, in other words, from true blood poisoning. In such a case, what happens in the wound is not of so much consequence, for the essential condition for acute septicaemia is that the leucocytes are unable to confine the fight to the wound at all, and the country is, as it were, overrun with hostile troops, which attack the citadels, or centres in the brain which control the vital processes of circulation, respiration, and so on, and the patient succumbs to the invasion. In such a case, the blood is found to be loaded always with toxins, and sometimes also with the bacilli themselves.
But this is not always the case. It usually happens that the defence is adequate for a time, at all events, and the leucocytes throng round the bacilli in the wound, and form a barrier which limits the battlefield to the neighbourhood of the wound itself. Then one of two things happens. Either the leucocytes win, in which case we have inflammation of the wound, and generally the formation of pus, which is composed of bacilli and the bodies of the leucocytes which have perished in the fight. The part may be injured by the inflammation so that the wound breaks down, and discharges pus, but this is, after all, simply like the destruction of the country which is unfortunate enough to be the site of the battlefield, and is of not so much importance as the strength of the opposing armies. If the barrier is effective, the germs are ultimately all destroyed, and, provided that an exit is afforded for the pus, the wound ultimately heals.

But the barrier may be useful for a time only. The leucocytes of which it is composed may be poisoned by renewed activity on the part of the germs, and so the first line of defence is rendered useless. Still there is another chance; the germs must travel into the system either by the blood stream or by the lymphatic vessels. In the former case they meet with more floating leucocytes, and the fight rages in the blood, but now the patient is much more seriously ill, and will have a high temperature, and it may be rigors and other signs of blood infection. Even then, the leucocytes may triumph and the invader be expelled, but with this difference, that small bands of bacilli will be left in various parts of the body, like troops that have fled to the mountain fastnesses of their country, and multiple abscesses will be formed, which will entail a long and enfeebling illness. This is pyaemia.

But if the microbes travel by the lymphatics, they meet with more leucocytes in the glands adjoining the part, and the fighting is renewed there. Probably the glands will break down into abscesses, but happily the germs are often defeated, and a general septicemic or pyemic invasion is prevented.

This, then, in a few words, and quite roughly, is what happens. Either rapid death from acute septicemia—a word which means blood infection—or a suppurating wound, and nothing more, or glandular abscesses, or again pyaemia or late septicemia.

Now how can we help? Firstly, we try to take away the invading microbes by washing and dressing the wound, opening up pockets of pus, assisting the patient by such measures as fomentations, which stimulate the leucocytes and relieve pain. Or we can sometimes kill some of the microbes in a wound by the application of disinfectant solutions, though, unless it is very foul, it is usually best to be content with washing, because all antiseptics damage the tissues more or less. If a disinfectant is required, iodine, or a combination of iodine and carbolic acid, is most commonly employed.

In some cases we can introduce a definite antidote to the microbial poisons, but only very seldom. Still, in tetanus, it is sometimes useful to give tetanus antitoxin, and in the rare case of diphtheria attacking a wound, anti-diphtheritic serum would be most useful.

In all cases, however, we endeavour to help the leucocytes to the formation of antitoxins themselves, by such measures as good food, and sparing the strength of the patient by skilful general nursing. Sometimes stimulants are useful, and very occasionally quinine. Extreme pyrexia is controlled by tepid sponging, but I need not dwell on these well-known matters now.

The point I want to make is that the fight between the leucocytes and the invading microbes is, in the case of wounded from the battlefield, likely to be a severe one, because in the all-important first few hours or days the chances will have been all against the leucocytes. Hunger, thirst, exposure, and the varying emotions connected with the horrors of war have all combined against us, and they have had first innings. The most important factor in the later stage is careful, untiring, intelligent nursing in healthy surroundings, and it is most important to keep the patient quiet and to give him plenty of fresh air. Most cases of wound infection do best under "open-air treatment," and we need not trouble ourselves much about buildings if we can give the man who is wrestling with microbes in his blood and tissues the merest shelter from weather, if it should be inclement, and plenty of good food and nursing.

One other point. All women nowadays are wanting to know how they can look after the wounded, for whom they feel so much sympathy, and many nurses will be helping with classes for instruction in these matters. To them I would say, Do not concentrate too much on First Aid, ambulance work, and so on. The walking stick and triangular bandage business is all very well in times of peace, but what is to my mind of much more importance now is a little knowledge about germs and disease and the dressing of wounds, not omitting such measures as invalid feeding and
cookery, which go towards the assistance of the patient's own blood corpuscles. It is better to know how to move a helpless patient comfortably in bed than to put on a bandage prettily.

And I would put in a word for any wounded Germans who may come under our care, and that is that those of us who know a little German should rub up our vocabulary with a handy dictionary or grammar, and if we do not, that we should find out those who do, so that they may act as interpreters. If any of us were stranded in an enemy's country we should value a few words of broken English more than anything, and with our patients there can be no nationality; we simply have to light our old microbic toes, and everything that tends to enlist the patient's desire to get well on our side will be a valuable asset.

INTERNATIONAL COUNCIL OF NURSES.

Mrs. Helen P. Criswell, Chairman of the Committee of Arrangements of the International Congress of Nurses at San Francisco, writes that space in the Educational Palace at the Panama Pacific International Exposition has been definitely assigned for a Nursing Exhibit. It is beautifully located on the main thoroughfare of this wonderful building, which covers an area of four acres of ground, and is next to the Palace of Fine Arts. The plans for the Congress altogether are progressing in the most encouraging manner.

The officers of the Canadian National Council of Nurses, which is affiliated to the International Council of Nurses, were elected at the recent annual meeting at Halifax, Nova Scotia. They are:—President, Miss S. P. Wright, New Westminster; First Vice-President, Miss Kirke, Halifax; second Vice-President, Miss Goodhue, Montreal; Treasurer, Miss Desbrisay, Montreal; Secretary, Miss J. L. Gunn.

It is announced by Unu, the official organ of the Royal Victorian Trained Nurses' Association, that the first step has been taken towards affiliating the nursing associations of Australia with the International Council of Nurses. For some time the A.T.N.A. and the R.V.T.N.A. have been in communication with each other re the formation of a combined council composed entirely of nurses. The R.V.T.N.A. has nominated the Misses Glover, Mann, and Lyons. After the A.T.N.A. has selected its representatives, the federated Council of Nurses will apply for affiliation with the International Council of Nurses.

PROGRESS OF STATE REGISTRATION.

Honours seem to be showered upon the friends of State Registration of Nurses. Dr. Christopher Addison, M.P., whose name appears on the back of the Nurses' Registration Bill, enters the Government as Parliamentary Secretary to the Board of Education in succession to Mr. Trevelyan, a not unexpected honour, as his services in connection with the National Insurance Act marked him out for recognition.

The Gold Medal of the British Medical Association for distinguished merit has been awarded to Mr. T. Jenner Verrall, M.R.C.S., L.R.C.P., of Bath, Consulting Surgeon, Sussex County Hospital, for his eminent services to the Association in many capacities: as a member and sometime as Chairman of the Insurance Act Committee of the Association during the strenuous period of the introduction and passing into law of the National Insurance Act; as a member of Council for several years; as Chairman of Representative Meetings; and as a direct representative of the medical profession on the General Medical Council.

A Barnstaple Hospital Matron writes in a contemporary:—"The Government is according official recognition to the Boy Scouts' uniform. For 25 years Englishwomen have prayed the Government to accord some kind of official recognition to the uniform of the trained nurse—in vain. Our work is harder, more dangerous to health, and inconceivably more exhausting and trying than Boy Scouts' light duties."

The official organ of the Royal Victorian Trained Nurses' Association just to hand, which publishes a verbatim report of the deputation to the Minister of Health re State Registration of Nurses, says editorially:

In Victoria this matter has reached the stage that a draft Bill is prepared, and the nurses by a large majority request that this draft Bill be taken by the Minister of Health and introduced into Parliament. It is not to be expected that the State Registration of Nurses Act will be the same in every particular as the draft Bill. It will have to undergo criticism in Parliament, and may be more or less modified. We are assured that the Council of the R.V.T.N.A. will be consulted in the matter. As it is a non-party Bill, and more in the interests of patients than nurses, we trust that little alteration will be made, and that the measure will be passed as speedily as possible.
Another body has been urging a Midwives' Act, and this to some extent may retard the passage of the Nurses' Registration Bill. It is hoped that an agreement may be arrived at whereby only a single nursing Bill will become law.

State Registration of Nurses is the law in New Zealand and Queensland, and in several of the States of America. In New South Wales matters in this respect are even further advanced than they are in Victoria. The other States where the A.T.N.A. is the nursing association are also earnestly taking up the matter. On February 24th last leave was granted to introduce a State Registration Bill into the House of Commons. It is evident, therefore, that with the onward march of civilization, State Registration of Nurses will become widespread, just as is the registration of medical men and dentists.

We are fortunate in having in our midst Sir Ronald and Lady Helen Munro Ferguson. Our new Governor-General has had charge for several years of the Nurses' Registration Bill in England. . . . The known sympathy of their Excellencies should greatly assist the cause.

The Council of the R.V.T.N.A. has done all in its power to forward State Registration, and is arranging a conference with those advocating the Midwives' Bill, so that no block to registration or weakening of effort may occur. Every nurse can help a little in the matter, and we sincerely hope each one will, both by action and speech, push forward the movement.

Dr. Henry Hurd (U.S.A.), writing in a contemporary, says:—

There is no one who questions the fact that in States where Registration has existed for some time the effect has been to improve the education, the general character, and the morale of nurses. School nurses, Red Cross nurses, visiting nurses, and army nurses are universally chosen from among those who have had proper education and an adequate training. In some States where the Registration law has been weak, the effect has been to raise the general standard of education. The feebler schools have been encouraged to affiliate themselves with those which possessed better facilities, and the State Boards have given valuable assistance by stimulating them to increase the length and scope of the curriculum of instruction. The outlook in the United States in this respect is encouraging. Such reforms, however, make their way slowly, and a united effort ought to be made by the professions of medicine and of nursing to increase the efficiency of all existing schools.

ACTIVE SERVICE.

When the history of the present war comes to be written one of the outstanding features in this country, at any rate, will be the promptness, efficiency, and secrecy with which organization has been accomplished. Parties of nurses have been despatched to the seat of war, some belonging to the Regular Military Nursing Service and its Reserve, some—as a party of civil nurses which left Guy's Hospital on Monday—fully equipped for field service under canvas. And if relatives wish to know a Sister or nurse's address it is "c/o the War Office." That is as it should be.

It seems likely that some at least of the Territorial hospitals which have received orders to mobilize will ultimately proceed abroad. But there is nothing more certain than the uncertainty of anything which is not an accomplished fact.

We wonder if anyone who has not attempted the task realizes what it means to arrange a hospital of 500 beds in an empty building not built for the purpose. This is the problem which the principal matrons are solving most satisfactorily.

It is announced that Red Cross "units," consisting of ten surgeons, ten dressers, and twenty fully qualified hospital nurses, will be leaving for the front practically every day. A party which left on Tuesday, under the charge of Sir Alfred Keogh, included Major Richardson and his Red Cross bloodhounds.

At midday on Friday in last week Mrs. Bedford Fenwick received a request from the St. John's Ambulance Association to select a party of twelve nurses asked for by the Belgian Red Cross Society. In response the requisite number was carefully and quickly selected, and on Monday evening all were ready in London to start at 8.30, with Miss Beatrice Cutler, Assistant Matron of St. Bartholomew's Hospital, in charge, when a telegram arrived postponing their departure.

Another party, selected by the N.U.T.N., was also going out by the same train, Miss Violetta Thurstan being in charge, and those who know Miss Thurstan will not be surprised to know that though her party did not go, she herself crossed to Belgium to know the reason why, with the result that the party left on Wednesday.

On Tuesday at midday Mrs. Fenwick received a telegram from Dr. Marcelle, Director of the Hospital of St. John at Brussels—who will be remembered by those who took part in the meeting of the International Congress of Nurses at Cologne as one of the distinguished
medical men attending the Congress from Belgium—saying that the hospitals of Brussels would be glad to have thirty trained nurses as soon as possible. The St. John's Ambulance Association, on being consulted, most generously undertook to finance the party, and to further its journey to Brussels, telegraphing to their Commissioner in Belgium, Mr. Oppenheimer, to meet it, and giving Miss Cutler an official introduction through Lady Perrott to the Belgian Red Cross Society. The nurses left Charing Cross at 8.30 on Wednesday morning. Thus with the utmost possible despatch Dr. Marcelle's request has been in part fulfilled, and it is hoped that the rest of the thirty will shortly leave for Belgium.

The party, with Miss Cutler as its head, included Miss K. F. Wilkinson (Sister Surgery), St. Bartholomew's Hospital, who is a qualified dispenser, and Miss Lillian Farley (cert. Rotherham Hospital), now working in the Resident Staff Quarters of the hospital, who is a certificated cook; Miss E. J. Haswell, Miss Elsie Evans, and Miss E. M. Reid (Registered Nurses' Society, 431, Oxford Street, London); Miss Frances M. Waugh and Miss B. A. Brewin (St. John's House), Miss Ella Young (South Kensington Co-operation), Miss Sylvia Corby, Miss Frances L. Brown, and Miss Christina Smith (Galen House, Guildford), Miss Annie M. Hanning (Sister-in-Charge of a Nursing Home at Bexhill), Miss Gertrude K. Gillon (Nurses' Co-operation, Leicester). Five of the party speak fluent French, and one speaks German.

The delightful picture here reproduced by the courtesy of the Daily Mirror shows the English nurses sent out by Mr. Alfred de Rothschild leaving Brussels for the front. Their happy and smiling faces quickly inspired confidence.

The thoughts of many English nurses are with their friends of the Assistance Publique of Paris and the members of its Nursing School at this time, and we know there are many who would wish to help if help were needed. But a letter of enquiry to M. André Mesureur brought the reply from Mlle. Clémence, the Directrice, that at present many of the wards in the hospitals had been emptied, and the whole nursing staff are on duty in readiness to receive the wounded who may be sent to Paris; therefore at present the help of English nurses is not needed, but they will remember the offer and enlist our help should need arise.

Mlle. Clémence concludes:—'A thousand times thanks, in the name of the Administration, in my name, and in the name of all the French.'

The leaflets issued by the St. John's Ambulance Association, including one for working parties, are most useful, and should be secured.
PRACTICAL POINTS.

To Seal a Room for Disinfecting purposes.

When sealing a room for disinfection by sulphur, this may be most easily done by cutting long strips of newspaper and smearing them with soap, preferably soft soap. These adhering effusively close all cracks, and may be quickly removed by hot water.

A Cheap Disinfectant.

Dr. F. W. Alexander, Medical Officer of Health for Poplar, where the system has been in use for eight years, writes to the British Medical Journal to suggest that in camps and emergency hospitals near the sea where electricity is available, electrolysed sea water would be found an efficient and inexpensive disinfectant. A plant can now, he says, quickly be set up, as a cell has recently been invented allowing the current in some instances to be taken directly from the mains without a converter.

The fluid is a powerful deodorant and germicide and can be freshly made by simply switching on the current and permitting sea water to run through the electrolyser. If necessary the fluid can be so made as to remain stable almost indefinitely.

The War Office (at Netley), and the Admiralty (at Osborne) have the system in use for dealing with sewage, and the Portsmouth Corporation has installed a plant for making the fluid from sea water for municipal purposes, and the sewage of Worthing, Ipswich, and Lytham has been treated in this way. The system is also in use at Havre and Rouen for dealing with sewage.

In time of war commercial disinfectants may become costly, but where sea water is at hand and electricity available, electrolysed sea water for crude disinfecting purposes can be manufactured more readily and more cheaply than in Poplar, where artificial sea water has to be made; the cost there is over a dollar a gallon, including electricity.

To appreciate the simplicity of its manufacture and its utility a visit to a place such as Poplar, where 31,000 gallons have been made (from artificial sea water) and used for every purpose in eight years (67,000 gallons during 1913), will explain more than any written description.

Dr. Alexander states that by the use of electrolysed sea water latrines, jugs, and urinals could be quickly purified, and that, as was proved by the experience at Riker's Island, Sea River, New York, large masses of garbage could be rendered inoffensive by spraying. Dr. Alexander suggests also that the fluid could be used for disinfecting foul bandages and even for dressing contaminated wounds.

The Possessive Pronoun.

Letter from New Sister.—"My ward is kept in apple pie order, and my doctors all think my patients ought to be very happy under my care."

APPOINTMENTS.

MATRON.

District Hospital, Newbury.—Miss B. Atkins has been appointed Matron. She was trained at the Great Northern Central Hospital, where she has held the position of Sister; and has also done private nursing.

Cottage Hospital, Swanage.—Miss S. F. Norfield has been appointed Matron. She was trained at the Chelsea Infirmary; and has been Sister at the Kingston Infirmary; and at the North Eastern Hospital, under the Metropolitan Asylums Board.

Children's and General Hospital for Leyton, Walthamstow and Wanstead.—Miss Eva Lottie Foster has been appointed Matron. She was trained in the same institution.

ASSISTANT MATRON.

Royal Orthopaedic Hospital, Birmingham.—Miss M. Florence has been appointed Assistant Matron. She was trained at the Royal Infirmary, Leicester; and has been Matron of St. George's Home, Stratham Hill; the Nurses' Home, Salisbury; and Holiday Matron at the Western Ophthalmic Hospital, Marylebone Road.

SISTERS.

Essex County Hospital, Colchester.—Miss Mildred Boulton has been appointed Sister. She was trained at the Longton Infirmary, and at Wolverhampton, and has been Charge Nurse at the North Staffordshire Infirmary, Stoke-on-Trent.

The Hospital, St. Albans.—Miss M. Collard has been appointed Sister. She was trained at the General Hospital, Tottenham, and has since been Night Sister in the same institution. She has also been Sister at the Medical Mission Hospital, Plaistow.

Union Infirmary, Southampton.—Miss A. M. Hutchins has been appointed Sister. She was trained at St. Mary Islington Infirmary, London, and has been Sister at the Bromley Hospital.

TERRITORIAL FORCE NURSING SERVICE.

Miss Ethel Young to be Matron, vice Miss Ethel Watson, resigned (August 7); Miss E. F. Scott to be Matron, vice Miss Jane Purves, promoted (August 7); Miss Jane Purves, Matron, to be Principal Matron, vice Miss Annie C. Glover, resigned (August 7).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.

Miss Sarah Bridge is appointed to Heanor, Miss A. G. Bale to Bromsgrove, Miss Olive Carpenter to Ilkeston, Miss Marie Chilton to Rawmarsh and Parkgate, Miss Elizabeth R. Davies to Heanor, Miss Lily Flitcroft to Sheerness, Miss Alice E. E. Hill to Longborough, Miss Margaret Moore to Rawtenstall, Miss Rosina Pursey to Rawmarsh and Parkgate, Miss Ankie Stainerhoff to Ilkeston.
NURSING ECHOES.

When we notified last week that it was proposed to form an International Nursing Corps for Active Service in War, of nurses holding a three years' certificate of training, we did not anticipate that a number of those who filled up the form provided for their use would be at work in Belgium before another issue of the paper was published. Yet so it is. So that when the corps is in working order various applicants for enrolment will have the qualification of having already seen active service. Our good wishes, and the good wishes of nurses throughout the United Kingdom, will be with them.

An application form will be found on page vi.

The Hospitals Sub-Committee of the Bolton Board of Guardians recently considered a verbal report from the Medical Officer that the charge nurses at Townley's Hospital had intimated that unless certain grievances were remedied they would tender their resignations. Ten charge nurses subsequently appeared before the Sub-Committee and complained of: (1) insufficiency of probationers and understaffing for some time; (2) too many patients in charge of one nurse, and inability, therefore, to carry out Medical Officer's instructions; (3) lack of relief nurses for holidays and off duty periods; (4) inability to get off duty at proper time; (5) want of proper time off for meals, having sometimes to have meals in ward kitchens owing to short staff; (6) that when nurses are with the Medical Officer in the theatre patients cannot get drink and attention; (7) that convalescent patients are required to feed others, contrary to regulations; and finally (8) they complained about the bathing of patients. The Sub-Committee came to the conclusion that the first seven complaints would be met by the appointment of additional probationers, and the eighth by the appointment of a paid officer for bathing.

"GUYS" NURSES OFF TO THE FRONT.

A Red Cross detachment left Guy's Hospital on Monday for Belgium, where many British nurses are already hard at work. 1. Just before the start; Miss L. V. Haughton, the matron, in the centre foreground. 2. A hearty send-off.
Miss Jentie Paterson, a Sister at Guy's Hospital, who has now gone on active service, in a letter published in last Friday's Glasgow Herald, wrote:—"Through the medium of your paper I should like to remind the women of Great Britain that to help the Empire and our gallant defenders each must do the work for which she is at the moment fitted. There are fully trained nurses being supplied to the War Office for home and foreign service by their respective hospitals, and although the first natural desire of the woman is to nurse, if they cannot fight, yet I would have them remember that the nursing of brave men must be left to skilled hands. It is too late for anyone to 'train' for the present occasion, but women can help the sick by relieving the nurses of other work. To-day in a large London hospital we are working to get extra linen ready to meet the demand for extra beds, and to equip our nurses going on active service, yet time and again those in charge are called off by women anxious to 'train' for any ridiculous short period. How much more usefully they could have been employed at the sewing machine!"

On Wednesday, August 12th, there was a General Meeting of the Irish Nurses' Association at the Offices, 34, St. Stephen's Green, Dublin, to make arrangements for taking advantage of the much-appreciated offer of Dr. Lumsdon, Chief Commissioner of St. John's Ambulance Brigade, to lecture to trained nurses on First Aid and Ambulance Work, so as to fit them to become instructors.

The nurses are coming forward in large numbers to join the classes, which are to be held every Tuesday and Friday evening at 8 o'clock, at 34, St. Stephen's Green.

News from the front is now beginning to arrive, and the special correspondent of the Times on Monday gives a vivid and pathetic picture of the war. He writes from Brussels:

"Have you seen that lonely figure, a little old woman, leaning against the wall of the hospital which she has just quitted, crying softly for the husband whose body even now they are carrying to the mortuary? Have you looked at the long rows of beds, so clean, so white, in which young men lie who are broken and enfeebled for life? Have you realised what it is to look back upon experiences that for the moment deprived you of reason by their terror and fear?"

"I have touched that side of war very closely to-day, and the impression is indelible. I have heard the story of those trenches above the bridges over the Getha and the Velp, not as understood by those who are onlookers, but as experienced by those who were stricken 'in' them. These stories may lack perspective; they may be very faulty from the point of view of the military expert; but they have this supreme merit—that they are real and immediate, that they touch life with the finger of experience."

"Here, for example, are the impressions of an infantryman, lying now shot through the chest, of the attacks by the Germans yesterday. 'They came,' he declared, 'close together, shouting as they ran. They had fixed bayonets. A terrific sound of cannon was in the air. My comrades, many of them, fell around me. We sprang up: we rushed down the hill. The air was full of fumes. Horses and men were struggling together. Then I fell. I saw our men rush over me, and I lay very close to the ground to save myself from injury. Our men were mad with eagerness. Afterwards they picked me up.'"

"Another patient, a cavalryman, described how he was thrown from his horse during the course of a charge. The country was very billy, and the cavalry was forced to operate in small detachments. Suddenly his horse reeled under him and fell forward; he was shot into the air. Next moment the charge had passed over his body, without, however, inflicting any injury upon him—that was a fearful moment! The sight of the Germans crowding across the small bridge over the river was unforgettable. The artillery broke them up: they were wiped away."

WHERE TO SHOP.

Many nurses who are called up for service, either with the various hospitals now being organised or in one of the services, find that there are many things they need to complete their equipment—uniform dresses, bonnets, aprons, caps, shoes, besides other nursing requisites. They will find all these gathered together at Messrs. Garroud's, 150, Edgware Road, in the Nurses' Saloon, and will realise the convenience of a department specially arranged for their benefit and the consequent saving of time and temper when every moment is of value.

Again, at the Hospitals Contracts Co., 25, Mortimer Street, W., are instruments, sterilizers, thermometers, everything that is needed for furnishing a hospital or replenishing stock, can here be readily inspected and secured. The address is one which nurses should note.
THE WAR.

A medical correspondent of the Times writes:

"I have had an opportunity during the last few days of visiting several of the great Brussels hospitals and ambulances and of seeing some of the wounded who have been sent down from the front. Two facts have struck me very forcibly. First, a very large number of the Belgian soldiers are wounded only in the legs; and, secondly, many soldiers seem to have collapsed through sheer exhaustion.

"In peace time one sees and hears little or nothing of this extreme exhaustion because, of course, in peace time the almost super-physical is not demanded. But war brings new conditions. Some of these Belgian soldiers were at work and on the march during the stupendous days, Wednesday and Thursday of last week, practically without a moment's respite. They went, literally, till they dropped. Only with actual loss of consciousness was duty relinquished.

"As a medical man this remarkable state of affairs interested me enormously. What force of will to fight and struggle until the last gasp! Exhaustion one sees often, of course, and heat-stroke in hot climates is a commonplace. But this type of exhaustion is by itself—the final triumph of brave spirits.

"The victims present a very alarming appearance when first met. They seem almost to be dead. They are limp and pale and cold. After a time, however, strength begins to return, and recovery is usually not protracted. In every case the men who had been 'knocked out' in this manner expressed the keenelest desire to return at once to the ranks; they seemed even to hold themselves in some contempt. Many of them have already had their wish."

Sir John Furley, in a letter in the Press on "The Use and Abuse of the Red Cross," says:

"So much have I been ashamed of the abuse of the Red Cross that, in the course of four international wars and two civil wars, I have never worn the Red Cross on my arm, as I declined to recognise the misappropriation of a badge which, in my estimation, was almost of a sacred character.

"War on a stupendous scale is now threatening us on all sides; thousands of benevolent men and women are urgently demanding the privilege to devote their energies to the relief of the sick and suffering both at home and abroad, and Red Cross flags and badges are everywhere conspicuous, but these flags and badges have absolutely no authority to support them.

"I remember during the Boer War 3,000 armbands were sent from the War Office to South Africa for distribution, but as they bore no official mark they were perfectly useless, especially as the Red Cross brassards could be purchased in any draper's shop.

"I would strongly urge on the War Office the necessity, before it is too late, to issue proper armbands officially stamped and limited to the use of those persons who have been accepted for hospital or ambulance work or in connection with such establishments on sea or land. The stamp should be affixed on the outside of the brassard, and the name of the wearer, with date of issue, legibly written on the inside."

Offers of beds in hospitals and elsewhere for the reception of the sick and wounded convalescents are being made on all sides, and the King will place Balmoral Castle at the disposal of the authorities as a hospital for our wounded sailors and soldiers, should the need arise.

The splendid response to the Prince of Wales's Appeal for contributions to a National Relief Fund, shows that the nation is mindful of its obligations to those who are fighting its battles at the front, and who will do so with an easier mind knowing that those dependent on them at home are being cared for. The Fund can scarcely receive too much support, and small as well as large contributions are welcome. All remittances should be addressed to H.R.H. The Prince of Wales, Buckingham Palace. A coupon on which the necessary particulars can be filled up will be found on page iv of our advertisement columns.

Miss Tuke, principal of Bedford College, Regent's Park, has offered the use of buildings for Red Cross work. Classes in first aid will commence on Monday afternoon next, at 2 p.m.

In conjunction with the Army Veterinary Corps, Our Dumb Friends' League has started the Blue Cross Society, the object of which is to send out capable animal nurses, who would be instructed in methods of speedily putting injured horses out of their misery, and would also attend to the disabled and wounded. Subscriptions will be received by Mr. A. Coke, Secretary, 58, Victoria Street, S.W.

We learn that a small hospital is being equipped by the English colony in Antwerp which is to be handed over to the Croix Rouge for all nationalities. Donations may be sent to the hon. treasurer, Mr. W. H. Newman, 10, Avenue Cogels, Antwerp.

The wife of the Belgian Minister in London says that articles of clothing and the like for sick, wounded, and distressed Belgians may be sent to Mr. Navan, 8, Chiswell Street, London, E.C., and not So, Chiswell Street, as previously reported.

LYSOL.

Messrs. Clas. Zimmermann & Co. (Chemicals), Ltd., beg to announce that although Lysol in view of the European War is in great demand throughout the country, the price will still be unaltered, and it can be obtained from chemists, as heretofore. This preparation manufactured in England is examined and guaranteed by Ernest J. Parry, B.Sc., F.C.S., F.I.C.
OUTSIDE THE GATES.

WOMEN.

Her Majesty the Queen has issued the following appeal to the Presidents of "Queen Mary's Needlework Guild" :-

"I appeal to all Presidents of the Needlework Guilds throughout the British Isles, to organize a large collection of garments for those who will suffer on account of the war, and I appeal to all women who are in a position to do so, to aid the Guilds with their work . . . . . ."

"It should be remembered that all flannel garments should be made in large size, and suitable paper patterns can be obtained from Butterick, 175, Regent Street."

These patterns are supplied free on request.

As our readers are aware in order to deal with the distress arising in consequence of the War, steps are being taken by the Local Government Board to form central committees in the boroughs, the larger urban districts, and the counties, under the chairmanship of the mayors and chairmen of councils, which will consider the needs of the localities and control the distribution of such relief as may be required. These committees will include representatives of the municipal, education, and poor-law authorities, distress committees, trade unions and philanthropic agencies.

The circular which is being sent out by the Board in this connection provides space for reporting the names of "special women's organizations" and it is at the same time specified that a return must be made of the number of women on the Committee. The Women's Local Government Society, 19, Tothill Street, Westminster, which is always on the alert where the interests of women are concerned, urges its members to use all the influence in their power to secure the services of the most suitable women on their local committees.

The objects of the Local Associations affiliated to the Women's Local Government Society are (1) To promote among women the study of their duty as citizens, and to encourage women electors to use their votes for the promotion of good local government; (2) to help qualified women to get their names placed on the register; (3) to promote the return of suitable women as members of local governing bodies; (4) to watch the action and study the bye-laws of local Councils and Boards of Guardians; (5) to promote the appointment of women as Sanitary Inspectors, Relieving Officers, and for other administrative purposes; (6) to support the efforts of the Women's Local Government Society for the United Kingdom. The Associations manage their own affairs and may apply for affiliation to the Central Society as soon as they have a membership of 25 and are formally constituted.

The County and Borough Councils (Qualification) Bill which is for England and Wales, and the County, Town, and Parish Councils (Qualification) (Scotland) Bill have now passed through all stages in Parliament and await the Royal Assent. It is hoped that some suitable women who have the residential qualification will find it possible even this year to avail themselves of the valuable opportunity for social service created by the new legislation. A contemporary states that the commission for municipal hospitals and public hygiene in Berlin has accepted a proposition of the Berlin social women workers to establish a systematic social service by experienced women in all hospitals. These women will visit the hospitals on certain days to learn from poor patients (and, if needed, from the nurses and physicians) if their families are, on account of the present sickness, in need of assistance, or if they themselves need aid or advice concerning work on leaving the hospital. If patients are indigent women with children, the latter will be placed in homes until the mother is again able to take care of them.

BOOK OF THE WEEK.

"CAPTIVATING MARY CARSTAIRS."*

We expect great things from the author of "Qued" and "V. V. Eyes," and we have to own that his latest work does not come up to the fascination of its predecessors. This is perhaps accounted for by the fact that it is really a reprint of an edition published pseudonymously some years ago; and is, as Mr. Harrison explains in a note, his first effort at a long story. It is widely different from the other books that so charmed us, and is more of the adventurous type.

Mary's father and mother are divorced. Her father greatly desires to share her company from time to time. Her mother is quite willing to grant this favour, but the young lady herself declines the privilege. Vareny, her father's friend, pitying the old man's loneliness, has pledged himself to give him his desire. How is it to be done? He consults Peter Maginnis, whose love of adventure is well known.

"There is the situation. Mary won't come to see him by herself. Mrs. Carstairs won't bring Mary to see him, and she won't let him come and see Mary—well, what remains?"

"No force is to be used," said Peter. "May I ask just how you expect to get Mary on the choo-choo?"

"Now we are getting to the meat of the matter. We shall not have to get Mary on the choo-choo at all. We are going to use a yacht, which will be far more easy and pleasant, and also far easier to get people on."

Vareny reckoned Mary to be about twelve years old, and there he made his great mistake; for

* By Henry Sydor Harrison, Constable & Co., London.
Mary Carstairs was a beautiful young woman of nineteen, which, of course, was another matter altogether.

Many and exciting are the risks and adventures which the two men run during their daring enterprise.

Once she was inveigled on to the yacht, the whole thing seemed easy, but the gear broke down and Varney was by this time badly in love with Mary and heartily sick of the part he had undertaken. He confesses to the girl his share in the business, and tries to make his peace with her.

"Is it nothing to you," he cried, in a rush, "that when the time came I couldn't do it? The yacht's breaking down had nothing in the world to do with it. I had already decided to turn back to break my promise."

She dared not let herself believe him now; perhaps the strongest wish of her heart was to hurt him as deeply as she could.

"Do you believe me?" said Varney, "or do you not?"

"Her lower lip was trembling slightly, and she set her white teeth upon it. She gathered all her pride of opinion and young sense of wrong and frightened feminine instinct for a final desperate stand; and so she flung him more passionately than she knew, 'How many times must I tell you? I do not! I do not!'"

But Mary and Varney, and the old man (her father), were according to Varney, in the end, going to be the three happiest people in America.

"All at once her face, grown wonderfully sweet, was whiter than the old man's own; and the eyes she turned back on him were full and over full of tears."

"Miss Carstairs," said Varney, "not quite steadily, "may I have the great honour of presenting your father?"

There is plenty of stirring episode in this story, and we need scarcely add that it is not lacking in humour.

VERSE.

New occasions teach new duties.
Time makes ancient good uncometh,
They must upward still and onward
Who would keep abreast of truth.
—Lowell.

WORD FOR THE WEEK.

"I have not in my lifetime known better men and possessed with gallantry minds than your Majesty's people are for the most part which are here gathered together, voluntarily to put their hands and hearts to the finishing of this great piece of work, wherein we are all persuaded that God, the giver of all victories, will, in mercy, look upon your most excellent Majesty, and its your poor subjects, who, for the defence of your Majesty, our religion, and native country, have resolutely vowed the hazard of our lives."—Sir Francis Drake on the eve of the Spanish Armada.

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 NURSING JOURNAL OF INDIA."
To the Editor of The British Journal of Nursing.

Dear Madam,—The Countries affiliated with the International Council of Nurses will sympathize with the Indian Association in the great loss which has befallen the nurses of this country, in the death, almost in one week, of our Patroness and our Honorary Secretary and Treasurer. All the world has heard of the sudden death of Lady Hardinge and countless hands have been stretched out to the bereaved Viceroy in sympathetic sorrow. Lady Hardinge had been for three years the official head of the Trained Nurses' Association of India, as its Patroness. Lady Hardinge was in every sense a Stateswoman, and worthy of the honoured company of women whom she followed as the wife of the Viceroy. And among so many other things she took an interest in the sick and those who cared for them that was deep and practical.

On Sunday, July 15th, Miss Tindall passed away after a long and painful illness, in which there had been from the first very little hope of recovery. Those who read the Nursing Journal of India and The British Journal of Nursing will know enough of Miss Tindall's unceasing activity to appreciate in some measure what her loss will mean to us. She had been for three years President of the Trained Nurses' Association, and on laying down that office last year, took up the arduous duties of Secretary and Treasurer. Her enthusiastic labours in absolute disregard of herself are an example of unsullied zeal rarely equalled among us, and her name will be a loved and honoured one as we press on toward the ideals of nursing and service which upheld her. The August number of the Nursing Journal of India will be a Memorial one.

Yours sincerely,

ELISABETH KLOOSZ.
Editor.

STATE REGISTRATION OF NURSES.
To the Editor of The British Journal of Nursing.

Dear Madam,—I read "A Staff Nurse's" letter with interest. I can support what she says. In this hospital when the Sister brought the Anti-Registration Protest into the wards for us to sign the argument used was "it Registration comes you will all be classed with midwifery nurses, and how would you like that?" Of course, so superior are we in this general hospital with numerous advantages that we must be better nurses than the devoted women who are caring in a very real self-sacrificing nursing spirit
for the poorest of the poor, many of them most admirably trained, not only in theoretical and practical nursing, but in those virtues—nursing virtues.

What a self-interested and selfish way to consider this question of Nurses' Registration; short-sighted, too. We are not only "classed with infirmary nurses," but with Queenie Gerald, and Nurse Betty and Gloria Leslie, M.A! and other ladies of easy virtue and light fingers, and are, moreover, only domestic servants, in law. The "only infirmary nurses" argument has, however, been very effective, and the majority of our nurses signed like "the meekest of sheep."

Yours truly,
A Believer in Legal Status.

FREE RIDES FOR RED CROSS WORKERS.

To the Editor of The British Journal of Nursing.

DEAR MADAM,—The free rides granted by the L.C.C. and other transport companies to Territorials in uniform, and to Red Cross workers seem to me likely to lead to much abuse, not by the Territorials as no one may copy their uniform, but by unauthorized wearers of the Red Cross. Anyone may buy and wear a nurse's uniform and have a big red cross emblazoned on it. How, then, are the tram and bus conductors to know the false from the true? We nurses know from very bitter experience how the once honoured uniform of the trained nurse has been dragged in the mire and how thoroughly trained and honourable women have to endure all kinds of unpleasant things because there are no legal means of dissociating the true from the false.

Therefore we realize only too well how quickly any privilege granted to legitimate wearers of the Red Cross will be taken advantage of by the unscrupulous unless means are taken to prevent it. I suggest that a stamped card be issued by the companies willing to grant such workers facilities, to the Red Cross Committee to be stamped and given by it to their authorized workers and only on the production of this card should fares be remitted.

I remain,
Yours faithfully,
M. BURR.

REPLIES TO CORRESPONDENTS.

Probationer (Leeds).—Ptomaine poisoning is due to poisonous foods. A few hours after eating such foods nausea supervenes, and usually purging, followed by faintness, weak pulse, cold, moist skin, and sometimes a bright red rash.

Mental Nurse.—It has been found that cases of marked depression in mental wards do best in the presence of those of more excitable temperament, and in a well arranged classification of patients, Dr. Robert Jones advocates placing cases of mania and melancholia in the same ward. One provides the complement of the other.

Dietitian (Leamington).—Nuts have a high nutritive value, but they are rather hard to digest. Flour made from almonds is often used in making diabetic bread and cakes.

NOTICES.

The Editor is receiving a large number of letters requiring replies. Will correspondents note that it is impossible to reply to them unless a stamp is enclosed?

WHERE TO VOLUNTEER.

Nurses wishing to volunteer for active service must do so at the office of the British Red Cross Society, which is now established at Devonshire House, Piccadilly, W., by the kindness of the Duke of Devonshire, who has placed the whole of the ground floor at the disposal of the Committee. Devonshire House is easily identified by the Red Cross flag which floats over it. Nurses engaged in hospitals or on the staffs of Private Nursing Institutions, or District Nursing Associations, should first get the assent of the Matron or Superintendent.

The Medical Department of the Admiralty state that many applications are made there by nurses of varying qualifications. The authorities are not in need of nurses, or desirous of enrolling them, and it is unlikely that their services will be utilized if offered there.

Many hundreds of applications are also made at the War Office. In both instances application should be made through the British Red Cross Society.

Applications for enrolment in the International Nursing Corps for Active Service in War, from three years' certificated nurses, should be made at the Headquarters of the International Council of Nurses, 431, Oxford Street, London.

The National Union of Trained Nurses are using their Central Office at 39, Great Smith Street, Westminster, as a clearing house for trained nurse volunteers.

NEW SUBSCRIBERS.

The Editor hopes that every reader who values The British Journal of Nursing will encourage her friends to subscribe for it, so that its constructive work for the profession may receive ever increasing support. Don't forget that it is the only weekly journal edited by a trained nurse, and which supports (1) an efficient standard of Nursing Education, (2) State Registration of Nurses, and (3) Just Economic Conditions for Nurses.

OUR PRIZE COMPETITIONS.

August 29th.—State what you know about Pemphigus, and the midwife's duty in connection with it.

September 5th.—What precautions may be adopted to minimize the danger to the patient in the case of a wound which has been exposed to infection.
The Midwife.

PRENATAL CARE.*

By Miss Celia Behrner.

Prenatal care is preventive work, first for eclampsia, second for miscarriages and abortions, and third for better babies.

Prenatal work was started at the University of California Hospital in September, 1913. The patients come to the clinic to register, a complete history is taken, a thorough examination made by the doctor, and a record form made out for the nurse.

In the clinic, at the time the patient registers, the blood pressure is taken and a specimen of urine examined. If anything abnormal is found, the patient is advised to enter the hospital, is immediately put in bed, given one dose of magnesium sulphate, two ounces, and six ounces of milk or water every hour. The patient is watched very closely for convulsions. When the blood pressure is taken twice daily, and a twenty-four-hour specimen of urine examined daily, if no improvement, other methods of treatment are taken.

If the patient has an abnormal condition, she is sent home and visited on an average every two weeks by the nurse, who keeps a minute record of every visit as to the condition of the patient's bowels, headache, nausea, vomiting, dizziness, swelling of feet, sleep, appetite, pulse, blood pressure, and urinalysis. When the blood pressure is above normal, it is reported to the doctor, and if he thinks advisable the patient enters the hospital. Most of our patients come to us in the eighth and ninth month, so the chance for improvement, if needed, is not so much as if they registered earlier.

Few prospective mothers realize the importance of being under a doctor's care from the beginning, and thus it becomes one of the functions of the prenatal nurse to educate the public that women should be under medical supervision throughout pregnancy.

Many times the first visit of the nurse is very unsatisfactory, because patients may consider her an intruder. But the second visit is entirely different, the change of attitude is amazing, and is shown by the number of questions they now have the nurse answer.


One of the most gratifying results noted in the work at the University of California Hospital is protection afforded pregnant women against serious types of toxemia. A number of patients were perfectly well for three or four visits and then before alarming symptoms developed they were found to have a moderate degree of albuminuria. As a matter of fact, 3 per cent. of our cases have presented evidence of toxemia. In all these prompt treatment has been undertaken, with the result that both mother and infant have in every instance been discharged from the hospital in good condition.

A curious observation that we have made is that toxemia patients who are near term frequently fall in labour as soon as they are placed upon a milk diet. About two-thirds of these cases have been delivered spontaneously twelve hours after entering the hospital. The others were cases of nephritic toxemia, and were delivered normally after more or less prolonged treatment.

Our babies are immediately given over to the care of a pediatrician—when leaving the hospital each mother is given a book with a record of the baby's weight at birth and at time of leaving hospital, also the hours for nursing the baby during the day and night. The mothers are advised to bring the babies to the clinic every week, and the baby's loss or gain is recorded in the book.

The prenatal nurse visits the mother and baby at the end of the first month, and the condition of both mother and baby is recorded on the blank. From that time on the child is visited by a postnatal worker.

"EPIDEMIC DIARRHEA."

At this season of the year, when the disease wrongly classified as "epidemic diarrhoea" is so liable to occur, it is well to remember the advice of Dr. Ralph Vincent that, in the treatment of the disease, the first essential is to eliminate all poisonous material. Any attempts to feed the infant will be altogether useless so long as the food you are giving can combine with the putrefactive material inside the intestine. In such cases administration of food means that you are providing more food for the bacteria to decompose, and you are assisting the bacteria which are threatening the life of the infant. By thorough irrigation you are most effectually removing the bacteria together with the bacteria upon which they thrive.
THE EARLY ENVIRONMENT OF THE CHILD.

Dr. W. Leslie Mackenzie, in a paper read at the annual meeting of the British Medical Association at Aberdeen on "The Duty of the State towards the Early Environment of the Child," says:

"It is no straining of the facts to say that a great amount can be done to prevent sickness in the prematernal state, and that there is abundant need for consultation centres for expectant mothers. It may be hoped that the official application of the new grants, along with the service of the voluntary bodies, will result in an effective organisation for ante-natal care.

2. Birth.—Up to date, the only statutory restriction on the mother is contained in Section 61 of the Factory and Workshops Act, 1901: 'An occupier of a factory or workshop shall not knowingly allow a woman or girl to be employed therein within four weeks after she has given birth to a child.' This affects only the workers in factories and workshops. The question has been raised whether the period of four weeks after a confinement of the mother is sufficient to safeguard the health of the mother and child. It is a further question whether a period of rest should precede confinement. This is a matter for expert discussion. Meanwhile, birth and the sequelae of birth are more or less safeguarded by the Notification of Births Act, including the notification of dead births. This Act has not been universally adopted either in England or in Scotland; but it has been adopted by local authorities representing a considerable majority of the population in both countries. The Local Government Boards have power to extend the Act by order to any locality, and there is a general agreement that the Act should be universalised.

Out of this Act has arisen the system of health visitors. In Scotland, probably the largest expansion of the health visiting idea has occurred in Edinburgh, where, under the general guidance of the medical officer of health, the work of the official health visitor is supplemented by the voluntary work of some three hundred women. Meanwhile, in England the registration of midwives has enabled the local supervising authorities to exercise some control over the management of birth. In Scotland no registration of midwives is yet enforced, but the bill for the training of midwives has already passed the House of Lords, and is about to receive its third reading in the House of Commons. These two Acts, combined with the general powers of the Public Health Acts, afford a basis for the effective administrative control of the infant's environment at birth. The new grants-in-aid ought thus to make possible an effective system of dealing with the newborn.

3. Health Visiting.—In the organisation of a health visiting scheme it is desirable that the statutory health authority should be the organising nucleus of the voluntary organisation; otherwise, the system is apt to be good or bad according to the enthusiasm or apathy of two or three individuals. No one would now think of leaving typhoid fever or small-pox, or even tuberculosis, entirely to the accidental presence or absence of voluntary service. But the care of birth and infancy is equally a national obligation. How best to fulfil the obligation will be a matter for discussion, but I have indicated the machinery now available."

The case for ante-natal care is to be found in the reports of the various congresses on infant mortality.

QUEEN CHARLOTTE'S HOSPITAL.

The Committee of Management of Queen Charlotte's Lying-in Hospital, Marylebone Road, N.W., have arranged, as on former similar occasions, to admit the wives of soldiers and sailors on active service without the usual Subscriber's Letter of Recommendation; or they may, if they prefer it, be attended by the Hospital Midwives in their own homes, provided they live within the Hospital Out-Patient Districts.

MOTHERCRAFT.

At this time of year the mortality among infants is always high, and since it is to the young generation that the country must eventually look for its strength, it is of the utmost importance at this juncture to prevent all unnecessary waste of life. We are asked by Dr. Eric Pritchard (Chairman of the Association of Infant Consultations and Schools for Mothers), 4, Tavistock Square, W.C., and Mrs. Ritchie (Hon. Secretary), to point out to all those who have the charge of young infants that many deaths and much illness may be prevented by the observance of a few quite simple principles of mothercraft, of which the most important are:

1. To persevere with natural feeding up to the end of the ninth month or even longer, even though the mother is compelled to go out to work. Employers of female labour are earnestly requested to give nursing mothers opportunities for feeding their babies.

2. That in those cases in which such opportunities are impossible, weaning is by no means necessary. A supplementary feeding of cow's milk will not disagree with the infant, and may save the infant's life.

3. That the chief causes of illness among nursed and other babies is irregular and too frequent feeding by day as well as by night; interval's by day should not be less than three hours, and at night a long interval of some six to eight hours should always be provided.

4. Expectant mothers should also seek advice as to their own health either by consulting their doctors or by attending at Schools for Mothers.

5. That stimulants are not only unnecessary, but are harmful both to nursing and expectant mothers.
EDITORIAL.

THE CARE OF THE SICK AND WOUNDED.

In the grim struggle now proceeding on the battle fields of Europe thousands of brave men must of necessity be stricken down, of whom many will be cared for in hospitals at home or abroad.

Upon the type of care which they there receive will largely depend their chances of life itself, as well as, in many cases, whether their recovery is complete or incomplete. It is therefore a grave national duty not only that fully trained and experienced nurses should be provided to nurse our sick and wounded troops at home and abroad in sufficient numbers, but also that unauthorised nurses should be prevented from proceeding to the seat of war and monopolizing places which should be filled by those whose qualifications have been examined and tested.

We are glad to learn that the British Red Cross Society has profited by the lessons of the South African War, that only carefully selected nurses holding three years' certificates of training are being sent out under its authority, and therefore we may hope that the wounded will receive from them the competent care to which they have a right.

We could wish that many more nurses had already been sent by the Red Cross Society but the number is increasing; a party of twenty are going to Rouen almost immediately and others must follow without delay.

The weak point in the Red Cross organization is that instead of having a corps of picked nurses upon which to draw enrolled in time of peace, selection, and enrolment, have to take place now when the need for the nurses' services is urgent. The nursing department is now getting into order, but British nurses who know the dire need of the sick and wounded in time of war will never rest satisfied until a permanent Red Cross Nursing Service, under a professional superintendent, is a recognized part of Red Cross organization. This means drastic reform, and involves according to trained nurses a position and status from which, so far, the British Red Cross Society has persistently excluded them, but what America can do the United Kingdom can do, and the prestige enjoyed by the American Red Cross nursing organization is unique (as is illustrated by the fact which we report in another column that the American Red Cross is supplying a Superintendent for a pioneer training school for Bulgarian nurses in Sofia). This is due to the fact that it is organized on professional lines by Miss J. A. Delano, R.N., one of the ablest superintendents in the United States.

The fact that our own Red Cross Society has hitherto been a negligible quantity, so far as trained nursing is concerned, and, as is well known, refused to include trained nurses in the units sent out to the Balkans is no doubt in part, at least, responsible for the numbers of unauthorised persons who have proceeded to Belgium to the embarrassment of the Belgian Red Cross Society, an embarrassment so great that the Society, at the last moment, even cancelled its request for a party of selected nurses being sent out under the aegis of the St. John's Ambulance Association.

We hope that Lord Kitchener who dealt effectively with this abuse in South Africa will make a similar stand against it in Europe so far as British troops are concerned. The lives of our soldiers, and of those of our Allies, are too precious to be left to the chance ministrations of unauthorised persons whose assurance may only be surpassed by their incapacity.
OUR PRIZE COMPETITION.

STATE WHAT YOU KNOW ABOUT PEMPHIGUS AND
THE MIDWIFE'S DUTY IN CONNECTION WITH IT.

We have pleasure in awarding the prize this week to Miss S. Simpson, McKerrell Road, Peckham, S.E.

PRIZE PAPER.

Pemphigus is an eruption of bullae or blebs, occurring as an idiopathic affection.

Bullae may occur in some forms of erythema, and they may be caused by irritants, such as blisters; but in pemphigus, which is a rare disease, the bullae are the primary and chief lesion.

Pemphigus vulgaris may be acute or chronic; the latter is the more common.

The eruption may be preceded by chilliness, nausea, or pyrexia; then the bullae appear at one or other part of the body, small at first, gradually increasing in size, tense, hemispherical, with yellow or slightly turbid contents. The fluid is an albuminous serum, and the turbidity is due to increasing amounts of leucocytes. Around the bulla the skin is at first quite normal, but a narrow pink areola is acquired later, and increases in proportion to the opacity of the fluid. After a few days the fluid is absorbed, or the bulla ruptures and shrinks down on to its base. From this it is subsequently shed; it leaves a mark, which is injected, and afterwards slightly stained, but rarely or never scarred. Sometimes the bulla contains pus or blood, and after its rupture the base may be covered with yellow lymph, or may slough.

The number of bullae in any case is very variable. There may be but few in one part, or isolated bullae in different parts of the body; or the whole surface may be thickly covered by bullae, which come out in successive crops, lasting only a few days each, but keeping up the disease for weeks and months. Nearly every part of the body may be affected, but the hairy scalp least of all. Rarely the conjunctiva is attacked with pemphigus, which is followed by shrinking or contraction, producing deformity, and ultimately blindness.

The amount of general disturbance is greatest in children and old people, and is proportionate to the extent of surface involved.

Acute pemphigus is much more rare than the chronic form; the course is rapid, and febrile reaction is present. Most cases of bullous formation in infants are due to syphilis.

Pemphigus foliaceus is a very rare and fatal form of pemphigus, in which the whole surface of the body is gradually involved.

The blebs which form are flaccid and flat; never tense and hemispherical. Their contents are turbid, and when these escape, an inflamed excoriated surface is left; to this the remains of the bullae adhere, forming thin flakes, the under surface of which is moist with an offensive secretion. If the blebs are removed there remains a red, raw, secreting surface, not unlike eczema rubrum. The course is slow, with remissions and relapses, it may be with the healing of the skin in parts; but eventually the disease is fatal by exhaustion or intercurrent disease.

Pemphigus foliaceus has been traced to chills, but sometimes supervenes on pemphigus vulgaris. Heredity has been noticed in one or two instances, but beyond this very little is known of causation.

Pemphigus vegetans is another rare variety, in which the mouth is first affected, then bullae of ordinary type form on the skin, ulcerate, and remain unhealed for a long time.

The characteristic feature is that in moist situations, like the axilla, groins, and gluteal folds, fungatory papillary growths form on the site of the ruptured blebs, project a quarter to half an inch above the surface, and secrete an offensive muco-purulent fluid. Severe prostration ensues, and the cases end fatally.

In cases of pemphigus in newly born children, usually due to syphilis, the midwife's duty would be to at once send for medical aid.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Alice Musto, Miss Dora Vine, Miss Gladys Tatham, Miss Elsie Hamer, Miss J. Black, Miss B. Evans.

Miss Dora Vine writes:—Pemphigus may be simple or syphilitic; in whatever form it comes, the midwife must remember it is highly infectious.

In simple pemphigus the infant seems ill, has a high temperature, and small blebs or blisters appear on the chest and abdomen. These blebs may contain pus or clear fluid. In syphilitic pemphigus these typical blebs appear on the palms and soles, and the child generally has other symptoms of specific trouble—patches of red on the buttocks, pustular blebs on the neck and in the folds of the arms and legs. As the blebs discharge and heal, a coppery coloured scar persists.

QUESTION FOR NEXT WEEK.

What precautions may be adopted to minimize the danger to the patient in the case of a wound which has been exposed to infection?
SOME THOUGHTS ON THE WAR.
(Continued.)

By A. KNIVETT GORDON, M.A., Cantab.

After I had written the paper which appeared in last week’s issue of the Journal, I received a request “asking for more,” and suggesting that as many nurses were now on active service, a few notes on the sort of emergencies they might have to deal with would be acceptable at the present time.

In the attempt to comply with this request I am met at once with the difficulty that it is impossible for one who has to stay at home to know the exact conditions under which the treatment of the sick and wounded will have to take place. Obviously they may differ with the time and place, and the point about all emergency work is that it consists in doing the best you can under the circumstances, which is not always the ideal. The man, for instance, who opens the windpipe of a suffocating child with a pocket knife and a borrowed hamp—both, it may be, very septic—is of more use than he who suffers the patient to die while he is sending for antiseptic lotions!

So I can say very little, I am afraid, that will fit in with every condition that a nurse will have to face on active service. I can only indicate what one should aim at, and describe a few general principles rather than attempt a practical guide to details.

Let us take the wounded first. What are the dangers? Not so much being hit by a bullet, for the wound made by modern rifle fire, provided that it is not immediately fatal from extensive damage to important structures, is not in itself so serious as we should perhaps expect. There were many instances in the South African War of bullets passing clean through the body and doing but little damage. With shell fire the conditions are different, because a fragment of iron is apt to cause a jagged wound, which is much more serious. Still, it is the accompaniments of war, or, in other words, the conditions under which wounds are received, that give trouble, and which lead to complications that the nurse may have to deal with on her own responsibility.

The most important of these latter are haemorrhage, shock, and sepsis. With sepsis I attempted to deal in the last paper, so we will now consider the two former.

Haemorrhage may be immediate or remote, and the blood may come either from a severed artery (or vein of fair size) or—in the case of a lacerated wound—from capillaries only. In the former event the patient may die almost immediately from extensive loss of blood, in which case neither the nurse nor anybody else is likely to be of much service, as they cannot arrive in time. Nor need we trouble much about capillary haemorrhage, as it will probably have yielded to the pressure of the dressing which the wounded man will have applied, or got one of his comrades to apply for him, to the wound. If not, local pressure suffices.

But we must not forget that it is possible for a modern bullet to partially or even completely divide a large vessel, and for the blood, which at first flows quickly, to coagulate and block up the narrow track of the missile, so that the bleeding ceases for the time. In such an event, however, there is a great risk of the bleeding bursting out afresh when the wounded man recovers from the fainting caused by the initial loss of blood, and tries to move. And a case like this is quite likely to come under the care of a nurse.

Obviously the treatment of severe haemorrhage consists in bandaging the wound firmly, and, if this does not suffice, tying a bandage, handkerchief, or anything of the kind which may be available, round the part between the wound and the heart in such a position as to compress the artery above the wound. In the case of the upper limb, such an improvised tourniquet should be applied above the elbow, and in the lower limb round the thigh; but in any case the wound should itself be bandaged firmly.

In warfare the danger of secondary or remote haemorrhage is far greater than in time of peace, as the risk of sepsis is so much more real; the process of sloughing so often opens up a main vessel later on, and unless the nurse has her wits about her, and knows where the main arteries of the body can be compressed, either with a bandage or with the finger (until the surgeon arrives to tie the artery), a patient may quite easily bleed to death in a very few minutes. I need not enlarge on this, however, for it forms a part of the training of every qualified nurse.

The condition which we know as shock is more likely to be present and to give trouble in the case of wounds inflicted in war than after injuries and operations as we see them at home. The exact pathology of shock is still unsettled, and it will serve no good purpose for us to discuss it now, but what happens is that, quite suddenly, all the large veins of the body, especially those in the abdomen, become dilated and full of blood, so that the other parts—brain, circulatory organs, and so on—are temporarily deprived of their blood supply. The
patient becomes torpid, his muscles relax, and his face assumes a leaden grey colour; the respirations are so shallow that breathing may appear to have ceased, and the pulse tension is very low. As a rule, the pulse rate is much quickened, but it may be abnormally slow, this condition being generally due to such an extreme weakness of the heart that not all its beats are able to reach the artery in the wrist.

Among the causes of shock are fright, previous exposure to cold and wet, extensive injury to the skin, such as may follow a shell wound, injury to a large nerve trunk (as from a bullet wound), haemorrhage, injury to the peritoneum, as when the intestine is severed, or injury to the spinal cord. On the battlefield many of these conditions may obviously be combined.

Shock may prove fatal in a few moments from cutting off of the blood supply to the higher centres, such as those controlling respiration and circulation, but under favourable circumstances it may pass off as rapidly as it came. Unfortunately the essentials for the treatment of shock are often absent in emergency, and there can be no doubt that many of the wounded will die rather from shock than from the severity of their injuries.

The first factor in the treatment of shock is inversion of the patient, so that the blood may run towards the nerve centres in the head, and in emergency this is not only the most important measure, but also the easiest to carry out; the head should be lowered and the legs raised, and the patient should be supported in this position by packing any available substances under him.

Next comes warmth. In hospital a warm drink (unless this should be contraindicated by the presence of internal haemorrhage) should be given. I do not know what facilities for this will be possible on the field, but a draught of hot milk or coffee is about the best thing that can be given to the average wounded man. Incidentally, thirst is almost always present with any wound, and it may be so extreme as to be agonising.

Then we have narcotics, such as morphia, of which a hypodermic injection—usually half a grain to a robust man—may be given. This has the advantage of combating pain as well as shock. Instructions on this point as to the routine to be observed will doubtless be given to nurses on active service at the appropriate time and place.

Another most valuable remedy is the injection of normal saline solution, but this is not usually available in emergency. When the wounded have been brought into the temporary or permanent hospital, saline injections will be available, and will probably be freely used.

Two things should not be given—strychnine and alcohol. Both of these aggravate shock by acting on centres which are already exhausted from over-stimulation. Before this point was understood, many lives were lost from the routine administration of strychnine, especially to all and sundry patients who were standing operations or anaesthetics badly.

Latterly the hypodermic administration of pituitary extract has proved to be a most valuable remedy for shock, but in emergency this might not always be available.

In war we must not forget that we may have to deal with medical as well as surgical catastrophes. Many of these come from insanitary conditions which attend troops in the field, such as drinking polluted water, and from infections, such as enteric fever and cholera, both of which are apt to spread with amazing rapidity once they have obtained a foothold, and certainly every nurse who is going on active service should read up these two diseases. Diarrhoea from bad food or water, tetanus from wound infection, and perhaps outbreaks of infectious diseases, such as diphtheria, or even scarlet fever and measles, may also occur.

Speaking generally, the greatest enemy will probably be sepsis in one form or another; we dealt with this in the last article, but I would emphasise again the point that, after all, the most important factor in the war against infection is the state of the patient's own leucocytes. Measures of disinfection, whether of wounds that have become contaminated or of surroundings, clothing, &c., in order to prevent the spread of zymotic disease, are of little use in comparison with the maintaining of the resistance of the person. In this the nurse bears a most important part: her triumph comes in getting food into a prostrate or fastidious patient, in husbanding his strength by the numerous niceties of her art, and thus helping his leucocytes to produce the antitoxins with which, after all, no germicide can hope to compete in efficacy.

Dr. Delorme, the Medical Inspector-General of the French Army, holds that surgery in war time should be essentially conservative, and that the surgeon should only have recourse to operations in very exceptional cases. Simple methods must be the chief characteristics of the field hospitals. Even in wounds of the abdomen, which are always serious, laparotomy is not advised immediately in time of war.
THE INTERNATIONAL COUNCIL OF NURSES.

The three members of the Council of the Australasian Trained Nurses' Association appointed to represent it on the Federal Council of the two Australian Nursing Associations to arrange for affiliation with the International Council of Nurses are Miss Creal, Miss Gould, and Miss Watson. We learn from the official organ of the A.T.N.A. that at the Annual Meeting the Secretary was directed to write and ask each of the branches if they would appoint one member to this Federal Council.

It is with great pleasure we announce that the Nurses' Association of China intends to apply for affiliation with the International Council of Nurses at its forthcoming meeting at San Francisco. Miss Elsie Chung, Vice-President of the Association, Miss Nina D. Gage, and three other members have been elected delegates, and hope to attend the meeting. Miss Chung, and Miss Gordon, of St. Luke's Hospital, Shanghai, are the members in charge of the Nightingale Memorial Fund in China, and it is hoped that Miss Chung, in her uniform, will present the gift at the ceremony on Education Day.

Miss Gage, who sends the welcome news to Miss Dock, promises the constitution of the Association shortly, as well as the curriculum required of all registered schools, and it is interesting to learn that the best schools are glad to register. The entrance test for membership is educational and moral purely, whether the applicant is foreign or Chinese.

The new President, who was elected at the National Convention, is Miss E. Hope Bell, an English-trained nurse.

PROGRESS OF STATE REGISTRATION.

Miss Breaq informs us that Lord Knutsford writes to her that he referred the Matrons who had signed both the Registration Petition and the Protest to her, in her capacity of Hon. Secretary of the Society for the State Registration of Trained Nurses, as he did "not realize that yet another Committee had been started."

That is, Lord Knutsford professes to be unaware that the eight societies of medical men and nurses, representing the three portions of the Kingdom, have affiliated into the Central Committee for the State Registration of Nurses. That means that he assumes to ignore the professional opinion of some 35,000 persons who support the principle of legal status for trained nurses. Moreover, Lord Knutsford excuses his interference with the signatories of the Petition by stating: "I thought I was doing the right thing in writing to ladies whose signatures appeared on your Petition, and on the Protest, to ask them to which side they wish to belong."

If he had taken this course he might be excused, but he did no such thing. When he found that a Matron had signed both papers he wrote to her, not to efface her wishes, but to advise her to "write to Miss Breaq asking her to delete your signature."

Personally we do not think Matrons who do not know their own opinions from day to day are of much value for or against any cause.

ACTIVE SERVICE.

News has been received from Miss Cutler of the safe arrival of her party in Brussels, after a very comfortable journey, on the evening of Wednesday, August 10th. They went straight to the Hospital of St. John, and reported themselves to Dr. Marcelle, who walked with them to the Hotel Astor, where they were quartered for the night. They heard that the Germans were advancing, and that wounded were expected at any hour. From another source we hear that a party of 14 English nurses were seen going into the Hotel de Ville on the morning of Thursday, August 20th, and we know that later in the day the Germans established their headquarters in this lovely and historic building. Interesting passengers on the boat by which the nurses travelled were Major Richardson and his ambulance dogs.

We learn also that all the English nurses in Brussels were notified of the approaching arrival of the German troops, and given the opportunity of leaving the city if they wished to do so. They one and all gave the only possible reply, that they had come to nurse the sick, that the need for their services remained, and that they were going to see things through.

Since then no news has come through of the nurses, but we are sure that they are doing their duty, and glad that it lies where they can be of service to the sick and wounded of their own country, of our friends, and of our foes.

A staff of nurses are going out with the base hospital organized by a Committee of which the Duchess of Roxburghe is President, Sir Owen Philipps Chairman, and Sir Starr Jameson Vice-Chairman. It will have 200 beds for the wounded of the allied forces, and the nursing staff will be under canvas.
THE ORDER OF ST. JOHN OF JERUSALEM.

(Ambulance Department.)

THE ST. JOHN AMBULANCE ASSOCIATION.

The following is a list up to date of the nurses who have left for Brussels under the authority of the St. John Ambulance Association. The name of the institution indicates the nurse's training school.

I

Under the care of Mrs. Richardson.—Left August 12th: Miss Richardson, Miss MacIntosh, Miss Wilkinson, Miss Hough, Miss Ingram, Miss Grey, Miss Lechmure.

II.

Party of forty nurses left for Brussel's August 15th, in response to a request from the Croix Rouge de Beligique.

Group I.

Twenty nurses from the Catholic Women's League.

Matron: Miss M. Wright, University College Hospital, London.

Assistant Matron: Miss L. Ritchie, Radcliffe Infirmary, Oxford.

Miss Barlow, Brownlow Hill Infirmary, Liverpool.

Miss E. Flynn, Vermont Hospital, U.S.A.

Miss Flanagan, Brownlow Hill Infirmary, Liverpool.

Miss M. Frost, Westminster Hospital, London.

Miss Goodchild, Hampstead General Hospital.

Miss A. Gregory, Birkenhead Infirmary.

Miss Hallam, H.R.H. Princess Alexandra of Teck's Home.

Miss M. Haynes, Poplar Hospital.

Miss J. Kelly, Royal Victoria Hospital, Belfast.

Miss M. P. Kavanagh, Royal Victoria Hospital, Belfast.

Miss Lee, Brompton and Guy's Hospital.

Miss McGugan, Royal Victoria Hospital, Belfast.

Miss Malony, Charing Cross Hospital, London.

Miss O'Kearney, St. Vincent's Hospital, Dublin.

Miss O'Shee, St. Vincent's Hospital, Dublin.

Miss H. M. Swain, Meath and Coombe Hospitals, Dublin.

Miss E. Stronach, St. Pancras North Infirmary.

Miss K. Shearn, London Hospital.

Miss M. Quinn, Birkenhead Infirmary.

Miss M. Y. Sadler, London Hospital.

Group II.

Matron: Miss Stollard, Bristol.

Miss Thees Butler, Christ Church Hospital, New Zealand.

Miss D. Burtleigh, London Hospital.

The Hon. Mary Cary, V.A.D.

Miss Astley Campbell, London Hospital.

Miss M. Cassady.

Miss C. Donet, Hospital Jersey City, U.S.A.

Miss L. Fielding, V.A.D.

Miss M. Glenn, Richmond, Whitworth and Hardwicke Hospitals, Dublin.

Miss A. Hawkins, Royal Infirmary, Leicester.

Miss W. Hanrotte, Norfolk and Norwich Hospital.

Miss J. McLenod, Southland Hospital, New Zealand.

Miss Peddar.

Miss B. C. Rowley, Guy's Hospital.

Miss Shearing, Charing Cross Hospital.

Miss E. Sartorius, London Hospital.

Miss M. Twiss, V.A.D.

Miss E. Wheatley, St. George's Hospital.

Miss B. Wood, Radcliffe Hospital.

The following left on August 16th:

III.

Party of fourteen sent in response to a special request received by Mrs. Bedford Fenwick from Dr. Marcelle, Director of the Hospital of St. Jean, Brusse's.

Matron: Miss Beatrice Cutler, Assistant Matron, St. Bartholomew's Hospital, London.

Miss J. Brown, Guy's Hospital.

Miss A. B. Drewin, Seamen's Hospital, Greenwich, and Solo Hospital for Women.

Miss S. Corby, Seamen's Hospital, Greenwich, and Samaritan Free Hospital.

Miss E. R. Evans, Warneford Hospital, Leamington.

Miss L. Farley, Rotherham Hospital.

Miss G. K. Gillon, St. George's Infirmary, Fulham.

Miss E. J. Haswell, Royal Southern Hospital, Liverpool.

Miss A. Harbing, Royal Sunderland Infirmary.

Miss E. M. Reid, Royal Hants County Hospital, Winchester.

Miss C. Smith, Seamen's Hospital, Greenwich, and Solo Hospital for Women.

Miss K. J. Wilkinson, St. Bartholomew's Hospital.

Miss J. M. Waugh, University College Hospital.

Miss E. Young, Royal Infirmary, Hull.

IV.

Second party dispatched at request of the Croix Rouge de Beligique.

Group I.

Matron: Miss Violetta Thurstan, London Hospital.

Miss E. C. Abbott, Eccleshall Union Infirmary.

Miss G. Broadberry, Paddington Infirmary.

Miss E. Bottle, Paddington Infirmary.

Miss J. Danse, Southwark Infirmary.


Miss E. Gilroy, London Hospital.

Miss I. Hudson, General Hospital, Great Yarmouth.

Miss J. E. Jones, Hackney Infirmary.

Miss S. Linforth, Royal Infirmary, Preston.

Miss A. Minshall, Royal Infirmary, Chester.

Miss L. Masey, Union Workhouse, Huddersfield.

Miss S. Matt, L.D. Hospital, Milton.

Miss M. J. O'Neil, Fulham Infirmary, Hammersmith.

Miss E. Roberts, Halvemill Hospital, Liverpool.

Miss J. E. Trotter, Royal Infirmary, Leicester.
TRUE TALES WITH A MORAL.

CANDIDATES FOR THE FRONT.

I.

Eager Pupil absorbing instruction.

Teacher—It is necessary to remember that rubber gloves must invariably be boiled.

Pupil (artlessly)—Do I boil them on my hands?

II.

Caller, to busy Matron (impressively)—

Can you spare me just five minutes to tell me all about this nursing? I want to be well posted up when I go to the front.

APPOINTMENTS.

MATRON.

Greenock Infirmary, Greenock. Miss Alice Maud Tiley has been appointed Matron. She was trained at the Glasgow Royal Infirmary, and has held the positions of Sister and Assistant Matron in the same institution, and Matron at the Victoria Infirmary, Helensburgh.

ASSISTANT MATRON.

House of Recovery and Fever Hospital, Cork Street, Dublin. Miss Jenny Dignam has been appointed Assistant Matron. She was trained at St. Vincent's and Cork Street Hospitals, Dublin, and has held the position of Ward Sister and Home Sister under the Metropolitan Asylums Board.

NIGHT SISTER.

Thanet Isolation Hospital, Ramsgate. Miss Rosa Howells has been appointed Night Sister. She was trained at the City Hospital, Birmingham, and the Clayton Hospital, Wakefield, and has been Charge Nurse at the Eston Sanatorium, Sister, and temporary Home Sister at the City Hospital, Birmingham, and Sister at Belvedere Hospital, Glasgow.

CHARGE NURSE.

Prudhoe Hall Colony for Feebleminded and Epileptics. Miss S. J. Devan has been appointed Charge Nurse. She was trained at the Northwark Infirmary, where she has held the position of Ward Sister, and has also been Matron at Wellington Cottage Hospital.

SCHOOL NURSE.

Pembroke Education Authority, Haverfordwest. Miss Margaret Llewellyn has been appointed School Nurse. She was trained at Barry General Hospital.

ASSISTANT NURSE.

Colchester Workhouse Infirmary. Miss Annie Selkirk and Miss Mabel Haynes have been appointed Assistant Nurses.

LADY HEALTH VISITOR.

Wellsway Urban District Council. Miss Helen Grace Leanman has been appointed Lady Health Visitor. She was trained at the Sussex County Hospital, Brighton, and at Chelsea Infirmary. She has been Sister of an infectious diseases ward at the Sussex County Hospital, and has done Private Nursing in London and Paris. She is a certificated midwife and holds the Health Visitor and School Nurse’s certificate of the Royal Sanitary Institute and the Royal Institute of Public Health.

QUEEN ALEXANDRA’S MILITARY NURSING SERVICE FOR INDIA.

Miss J. E. Woolton has been appointed a Nursing Sister.

QUEEN VICTORIA’S JUBILEE INSTITUTE.

SUPERINTENDENT.

Mrs. Margaret Chatelier is appointed to Barnley as Superintendent. Mrs. Chatelier received general training at the School Union Infirmary, midwifery training at the City of London Lying-in Hospital, and District Training at Birmingham, Summer Hill Road, where she has since worked as Queen’s Nurse. Mrs. Chatelier holds the Certificate of the Royal Sanitary Institute as Inspector of Nurses and as Health Visitor and School Nurse.

TRANSFERS AND APPOINTMENTS.

Miss Elizabeth Bousfield is appointed to Ecclesfield; Miss Sarah Heap, to Pemberton; Miss Annie Muley to Oakworth; Miss Clara L. Still, to Heavitree; Miss Kate Turner, to Babraham; Miss G. Van den Steen, to Santon.

THE PASSING BELL.

We regret to record the death of Miss Emily Aston, a well-known Nightingale Nurse, trained at St. Thomas’s Hospital under Mrs. Wardroper, and afterwards Sister of the Alexandra Ward, Assistant Matron at the Royal Infirmary, Liverpool, and Superintendent of the Government Civil Hospital, Ceylon, Matron of the Eastern Hospital, Homerton, Matron of the Strangers Hospital, Rio de Janeiro, and Matron and Superintendent of Nurses at the Royal Infirmary, Newcastle-on-Tyne, which appointment she resigned in 1909.

Miss Aston was trained in the seventies when long hours and hard work were the order of the day, and when the keenness of pupils to learn tempted them to exceed even these.
NURSING ECHOES.

Now that so many members of the nursing staffs of general hospitals have been called away for service in Naval and Military Hospitals, there are many gaps which are not always easy to fill. We have heard from a late Matron, of standing, that she is anxious to be of use at the present time, and though she has been out of ward work for some time—though she would soon get into it again—she would be quite at home in a Matron’s Office, and willing to fill the post of an Assistant. We shall be pleased to furnish the name and address of this lady to Matrons who would like to communicate with her.

The resignations of six nurses employed by the Barnet Union Infirmary were before the Board of Guardians at their meeting on the 21st inst., when the Vice-Chairman, Mr. Frederick Lucas, J.P., presided.

The nurses, including Head Nurse Summers, who has been in the service of the Board for the last twelve years, were invited to appear before the Board, and asked by the Chairman to state the reasons for their resignations.

Nurse Summers at once replied that they had resigned as a protest against the unfair way in which their Superintendent Nurse had been treated. Asked by the Chairman whether there were other reasons, Miss Summers replied that the food was very badly cooked, and they did not like the hours on duty, but the chief reason was the treatment of the Superintendent Nurse. A second nurse endorsed the reasons given by Nurse Summers. She also said that they had joints all the week; there was no variation in the food. Questioned by the Chairman as to whether she considered the food inferior, she replied in the negative, but said it was very monotonous. This was endorsed by all the nurses, who made no complaint as to quality or quantity. The nurses having retired, Mr. Jukes said that the Superintendent Nurse suffered from want of tact and an unfortunate weakness of temper. At the same time, he thought her a very able woman.

Miss George suggested that the nurses must have some affection for their Superintendent to resign in sympathy with her.

Mr. Manning said that Mr. Jukes had spoken about the nurse having a weakness of temper and lack of tact. They must remember the other side; was there nothing to be said about the provocation, the prejudice, and about the remarks that had been made, that made some of them shudder, when she went into the room? In conclusion, Mr. Manning said that the work that had been done in the Infirmary by the nurses would have met with the approval of the whole nation anywhere except there.

Eventually the resignations were accepted, and the Board proceeded to agree that most of
the nurses were admirable nurses, and would get the usual testimonials.

We recently reported the appointment of Miss Helen Scott Hay, a well-known American Nurse Training School Superintendent, as head of a pioneer training school for nurses in Bulgaria, at the instance of Her Majesty the Queen.

The American Journal of Nursing, commenting on the appointment, says:—

"Owing to the extreme difficulty in securing an adequate number of trained nurses to care for the sick and wounded during the recent war, the Queen of Bulgaria has become interested in the establishment of a training school for nurses in connection with one of the large hospitals in Sofia. Some time ago she appealed to the wife of the Russian Ambassador for advice and assistance, giving a comprehensive outline of her plan, from which the following is quoted:—

"Her Majesty Queen Eleanora wishes to establish a training school for nurses on the American plan, in the State Alexander Hospital in Sofia. To this end she wishes to have four young Bulgarian women trained in the United States. She would like to find a hospital of good standing where they would be given their training, their board and lodging free. In order, however, to be able to begin the training school now, when interest in nursing has been awakened by the last war, the Queen would like, if means could be found in America, to engage a superintendent who could begin the work and get it well started while the young women are being trained. At the end of this time the Queen hopes to have demonstrated the ability of the training school, and that the Government will then arrange to have its expenses included in the regular hospital budget."

"Realizing that this was a rare opportunity to introduce our training school methods in Southern Europe, the Red Cross offered to pay the salary of a superintendent during the time required to train the Bulgarian pupils in an American school. A special approximation was also made for travelling expenses. We were naturally anxious to assign an enrolled Red Cross nurse to this position, and were especially fortunate in securing Helen Scott Hay, who will sail for Bulgaria some time during the summer. Miss Hay is well known to the nurses of America through her activity in the national organizations, but is no less well known as an educator and training-school superintendent. She is a graduate of the North-Western University and the Illinois Training School for Nurses, and for a number of years was superintendent of this school. She has recently returned from a trip around the world, and is especially well qualified for the work which she is about to undertake."

"The Queen hopes to come to America in September, and will bring with her three care-
fully selected pupils, who will enter the School for Nursing, Presbyterian Hospital, New York City."

We must add that the difficulty in securing trained nurses in the Balkan War was not the fault of English nurses, who were only too anxious that their services should be utilized, but resulted from their exclusion from the units sent out by the British Red Cross Society.

We reproduce, from our contemporary, pictures of the American Red Cross Nurse in indoor and outdoor uniforms, which are both practical and charming. They appear on pages 176 and 177.

Miss Lillian L. White, in a paper on "Registries," presented at the Eleventh Annual Convention of the Californian State Nurses' Association, and fully reported in the Pacific Coast Journal of Nursing, emphasises the importance of these Registries, answering to Nurses' Co-operations in this country, being loyally supported. She writes:

"Young nurses newly graduated seem to think all they need is to keep in touch with physicians who have shown a friendly interest in their training school, and I believe that many of the physicians do, from a generous spirit, see that many of these young nurses are provided with their 'first case,' and even a second and third; but remember from this point of view that each year many more young nurses are coming out from the hospitals with equal claims on the generosity of these same physicians, and our young nurse, not having let her light shine so that other physicians might see her good work, is now appealing to a registry which she has not helped make into a very good one, and consequently physicians do not care to call upon it; our erstwhile confident young nurse, supplanted by more recent graduates, is now wondering why she gets no calls from the registry. This nurse, and she is only one of many, might have helped to make the registry a fount of usefulness to herself and the nurses in the community."

The Dewsbury Board of Guardians have decided to join a scheme for the standardization of the curriculum for the training and examination of nurses in poor law infirmaries in the country. One member of the Board questioned the advisability of adopting such a stringent resolution, and thought the nurses would be able to command a higher salary, and the Board would not be able to deal with the nurses just as it liked.

1st LONDON GENERAL HOSPITAL, T.F.N.S.

It is wonderful what capacity and industry can achieve within one short week. As a practical illustration no better example could be found than the Territorial Hospital established in Cromwell Road, Camberwell, where St. Gabriel's College has been taken over by the military authorities, and, with an adjacent building, is being transformed into No. 1 General Hospital of the Territorial Force Nursing Service, a use plainly indicated by the Red Cross flag which floats in the breeze at the entrance, by the orderlies in khaki on duty, and in the building by the grey and scarlet uniforms and Army caps of the nursing staff. The orderly mind, whose pleasure it is to evolve order out of chaos, is in evidence on all sides in the neat rows of beds ready for the reception of sick and wounded from the front, in the well-stocked cupboards, the group of Sisters and nurses busily employed in padding splints, and preparing other necessary appliances. That is what is implied in the mobilization of a Territorial Hospital. One of the chief needs of a building adapted for hospital purposes is an additional supply of baths, and increased sanitary facilities, and this work is being rapidly carried out.

The hospital has a handsome, substantial-looking frontage, and is excellently placed on sloping ground, and although so near the crowded streets of Camberwell, it stands apart in spacious grounds, overlooking green trees and well-kept tennis courts. The wards are large, airy, and spacious, and by a curious coincidence the cubicles of the students recently in possession number just over 90, whilst the nursing staff of the hospital is 92 all told. The hospital is also fortunate in its beautiful chapel, served by the clergy of the neighbouring church of St. John the Divine, Kennington.

The hospital is unique amongst Territorial hospitals in drawing its medical and nursing staff entirely from the medical staff and certificated nurses of one hospital—St. Bartholomew's—at their head, as Principal Matron, being Miss Cox Davies, Matron of the Royal Free Hospital, gold medallist of the school, and one of the most distinguished of the pupils of the late Miss Isla Stewart, the first Organizing (Principal) Matron of the hospital, and upon whom devolved the work of building up the nursing staff when the Service was first formed.
REFLECTIONS
FROM A BOARD ROOM MIRROR.

The Hospitals Committee of the Metropolitan Asylums Board have reported on the success of the balconies provided at the Brook Hospital for open-air treatment, and recommended that application be made to the Local Government Board for permission to add them to the eight remaining pavilions.

The River Hospitals and Ambulance Service Committee have recommended that the application of Miss Wacher, responsible head of the female staff at Joyce Green, Long Reach Hospital, &c., for an increase of salary be granted, and that subject to the consent of the Local Government Board it should be £72 10s. per annum.

The President of the Bristol General Hospital, Mr. G. A. Wilks, has opened the fine new wing by which the accommodation is brought up to 250.

Twelve of these are in the Maternity Ward, to provide which the late Mrs. Proctor Baker left £10,000, and 25 in a female medical ward.

THE WAR.

Their Majesties King and Queen have nominated to Captain Southwell-Piper of the London Chamber of Commerce, Oxford Court, Cannon Street, E.C., which, by special arrangements with the Admiralty, has undertaken to send newspapers and periodicals to the Fleet, that it is their pleasure to send their newspapers each day for distribution to the Fleet.

For the Ambulance Department of the Order of St. John of Jerusalem funds are urgently needed, as already over 4,000 men have been mobilised as hospital orderlies with the Navy and Army, several thousands more being held in reserve. Surgeons and a large number of fully certified hospital nurses have been despatched to Belgium.

The ladies' committee of the Order of St. John of Jerusalem in England has approved a set of patterns of garments for use in hospitals, and these can be obtained upon application to the Hon. Secretary, St. John's Gate, Clerkenwell, London, and also from Countess Grevinon, 35, Park Lane, W., who has kindly lent her house to the Order as a depot. The price of the set is 18. 6d.

The War Office has agreed with the Wounded Allies Relief Committee that in case of necessity sick and wounded allies will be transferred in military ambulance ships to places in this country.

The Ladies' Guild of Charing Cross Hospital, working day and night for a fortnight, have finished a complete outfit of anorex — for thirty-two beds at the hospital, which will be available for British wounded. The ladies of the Guild were generously assisted by several American ladies.

The Empress Eugénie has placed a wing of her residence at Farnborough at the society's disposal, and has adapted the rooms to hospital requirements, with the provision of a staff of trained nurses.

Lady Bagot, on her return from Ostend where she had taken four cases of chloroform, a gift from the Church Army, for the Belgian military hospitals, said that many Belgian wounded had been put on shipboard at Ostend to avoid capture by Germans.

Mr. and Mrs. Almeric Paget, with the cooperation of the Incorporated Society of Trained Masses, are raising a corps of massasses for the treatment of the wounded. Inquiries should be addressed to the Hon. Secretary, Miss French, Almeric Paget, Massage Corps, St. Stephen's Chambers, Westminster.

An appeal has been issued on behalf of the French Red Cross, represented in London by the local committee of L'Union des Femmes de France, which is under direct control of the French War Office. The acting president of the union is Madame Brasier du Thony, 93, Redcliffe Gardens, and the treasurer is Madame Alfred Duché, 20, Aldeyn Park, Dulwich, both of whom will gratefully acknowledge donations.

The next-of-kin of officers serving in the Expeditionary Force are requested to keep the Secretary of the War Office informed of their address so that if necessary they can be communicated with at once.

The translation of the famous Brabanconne, which appears on page 184, has been furnished to The Times by its Belgian correspondent, as this stirring chant is very little known in England, and as its tone is in the light of recent events strangely prophetic.

The Overseas Dominions are contributing not only soldiers and ships for the defence of the Mother Country, but are also sending welcome gifts in kind. Canada sends 1,000,000 bags of flour, as well as four million pounds of Canadian cheese for the Army; Habiakt Nova Scotia, is prepared to give 100,000 tons of coal to British war-ships calling there; and Bengal, with the warm approval of the Viceroy, will give 1,000,000 bags of jute.

The War, which is no respecter of persons, has already claimed a notable victim in the Pope, than whom no Pontiff of simpler life or more conspicuous personal goodness has ever filled the chair of St. Peter.
OUTSIDE THE GATES.

WAR AND WOMEN.

Miss Maud Paunccefote points out in the Times how gallantly the Dominions are rallying to the support of the Empire in the crisis, and adds:—

"The greatest need of the Dominions is for woman and her work. In our midst we have a million and a quarter surplus women before a great war. This surplus is at the root of many problems of vice, destitution, and sweated labour. How to deal with their unemployment is under consideration by the Queen's Advisory Committee. The two alternatives are: Shall it be doles merely or some constructive scheme? Now, it ever, is a constructive policy needed. By giving the Dominions what they lack most we build up a strong British race. Continue the scheme of doles, as all cannot be employed, we sink deeper into the mire of wasted humanity."

Women have always had the reputation of being individually adaptable, but to metamorphose in a few days, huge associations, and fit them for work other than that for which they were originally formed, demands the greatest powers of organisation and cool-headedness. The present crisis provides a test of capacity which, up till now, women generally have never had to face. The women's organisations have responded well, and a visit to the National Union of Women's Suffrage Societies gives some idea of what at least one great organisation is accomplishing.

The National Union of Women's Suffrage Societies appears to have been the first in the field of the women's political organisations. Even before the war broke out it "mobilisation" had begun, the National Union having realised that armies of untrained women desiring to help in this supreme crisis, but totally unaware of how to get to work, and rushing hither and thither in the efforts to obtain it, would hinder instead of helping the systematic organisation of relief. The Union, therefore, took prompt steps to prevent this. On Monday, August 3rd, it circularised all its 600 Societies and branches throughout the country, laying before them certain proposals for action in the event of Great Britain being involved. On Tuesday, 4th, it offered the services of its central offices, 14, Great Smith Street, to the Local Government Board for receiving, registering and classifying offers of help. On Thursday, it circularised all its branches urging them to offer their services to the Local Relief Committees. On Friday, it approached the German Embassy to offer help for German women and girls stranded in London. This latter work has now been handed over to the International Woman Suffrage Alliance, whose offices at 7, Adam Street, Adelphi, W.C., are to be used for this purpose. That was the work of the first five days after war was declared.

The chief work undertaken at Headquarters has been the registering and drafting off of voluntary workers into suitable channels, and the main principles on which the Union have worked have been the giving to voluntary helpers the work for which they really have the greatest aptitude, the maintenance, as far as possible, of paid employment and the discouragement of volunteer work likely to replace the paid worker. The shop for registering workers was opened at 50, Parliament Street, Whitehall, on Tuesday, 11th. The London Society, at 58, Victoria Street, opened its offices for the same purpose. Thousands of applications have already been made for both voluntary and paid work, and on the other hand, the demand for workers has been considerable, and in almost all instances the National Union has been able to supply the workers asked for. Moreover, Suffragists are noting with satisfaction the extremely small proportion of incompetent women who apply to do voluntary work. Nearly all the volunteers are trained in some direction, and are therefore fit for immediate service wherever.

Volunteer helpers are still badly needed for social work, especially on Care Committees and the work of relief generally. Those who fill in the "service forms" are asked to state their capacities for teaching, nursing, midwifery, office work, organising, needlework, gardening, care of children, &c.; even signalling might be useful. Many of the competent organisers of the Union have been busily employed in investigating the extent to which girls are being discharged from work at the present time. Information is also being extensively collected as to the need for workers in fields and harvests and enquiries are being made as to the outlets for employment in other directions.

The National Union is sending various workers to help with the fruit picking in Surrey. They will be paid the ordinary rates, and the fruit when picked will be distributed amongst the hospitals in the neighbourhood.

The National Union has suspended all political activity for the time being, and this work of organising relief for those who will be the sufferers from the economic and industrial dislocation caused by the war calls for fresh hands. An earnest appeal is therefore made by the Hon. Treasurer, who asks that all contributions should be sent to her to the National Union of Women's Suffrage Societies, 14, Great Smith Street, Westminster, S.W.

Sandgate is the first town to enrol women as special constables.

Mrs. Burke and Miss Mumford have been duly sworn, and take their turn with the male members of the special force in patrolling the town and guarding telegraph wires and the water supply.
BOOK OF THE WEEK.

"A LADY AND HER HUSBAND." *

The title of this book is well chosen; for it is just the chronicle of a lady and her husband, and quite original reading it is.

James Heyham was a hardworking business man, rich and successful. Mary his wife—a well was her name—she was kind. She figured from first to last in that capacity. At the time we made her acquaintance first, she was sitting in her usual place by the side of the hearth, behind the glittering fire-flushed tea things. She was wearing a chain that her husband had given her, set with pearls and crystals—that caught the light, and so did a brooch that was a present from Treat, her son. Behind these treasures of marquise esteem there was the vagueness of grey stuff, of lace, of pale brown hair, and a face where the play of lights and shadows blotted out expression.

Her last remaining unmarried daughter is cogitating how best to tell her of her engagement.

"She put out her hand to press the soft hair pressed against her knee. Rosemary turning quickly caught the wandering fingers. Her eyes were wide open and she was trembling a little." Mother, she said, "I've got something to tell you! I've promised—I'm going to marry Anthony."

Afterwards, when Mrs. Heyham was alone, she gave way a little to her jealously and her regret, to the fierce dislike she had felt when she thought of Anthony touching her Rosemary's hair—turning up her face to enjoy its loveliness. James her husband, watched her carefully, and thought she was charming about it he felt the engagement still distressed her. He took his problem to Rosemary: "We've got to think of some way," he told her, "of interesting your mother.

"Rosemary agreed with him. Now that she turned her mind to it she could see that her mother's life needed interests. Mrs. Heyham was a grateful woman, good, simple, sensitive. She respected herself and was respected by others. That was her spiritual share of the loot of the centuries. Rosemary herself was a Socialist and she could not help feeling that if her mother were to take up some sort of work amongst her father's employees the results must be thoroughly satisfactory to all right-minded people."

It was then that trouble began between the lady and her husband. At first Mary shrank from a venture that was altogether foreign to her upbringing and experience. It was plain to Mary that James wanted her to be pleased about Rosemary's scheme. Dear James! Dear children! How sweet of them to think of me. She told herself hurriedly.

"But James, suppose we don't agree?"

James accepted the admission with a smile.

"And I shall give way!" Of course she would give way, it was simple enough.

But the gentle little brother none she was launched upon her reform caused her husband a great many uneasy moments. Her eyes were opened to life as it is, and not as she had always imagined it to be. Her interest in these employes we deeper than was at all agreeable to James.

In the matter of increased wages, she was brusque but showed no signs of yielding. "My dear little woman," he said, "I am not angry with you in the least. You will remember when we first discussed this subject we agreed to differ. Well, I agree and all I ask of you is that you shall agree too."

Mary felt as though she were a sheep, and James a very large and efficient sheep dog. "I can't," she brought out at last. "I feel too deeply about it." She also began to look at James himself from a new standpoint, and learnt some very startling facts. She decided to go away and think things over by herself.

"For a moment he thought of Mary as an angry peasant thinks of an animal. She was his possession—his woman and she had defied him."

This is a book that women interested in social reform should read.

THE BRABANÇONNE.

THE BELGIAN NATIONAL ANTHEM.

Fled the years of servile shame,
Belgium, 'tis thine hour at last,
Wear again thy glorious name,
Spread thy banner on the Ijse.
Sovereign people in thy might,
Stedfast yet and valiant be.
On thine ancient standard write:
King, and Law, and Liberty.

Strive, nor seek discharge at length,
Hold thy courage as thy crown,
God, Who keeps thee in His strength,
On thy labour's smileth down.
Over all thy fruitful land
Labour's prize is full and free.
On thine arts enthroned stand,
King, and Law, and Liberty.

Foes, that were our friends of old,
Are returned to love at last.
All the free we prize as gold,
Praying that our strife be past,
Belgians and Batavians, friends,
Knit in brotherhood shall be:
With one voice the shout ascends;
King, and Law, and Liberty.

Belgium, Mother, thus we vow,
Never shall our love abate.
Thou our hope, our safety thou,
Hearts and blood are consecrate,
Grave, we pray, upon thy shield
This device eternally,
Weal or woe, at home, at field,
King, and Law, and Liberty.

* By Amber Reeves, Heinemann, London.

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LETTERS TO THE EDITOR.

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

NATIONAL RELIEF FUND.

Treasurer: H.R.H. The Prince of Wales.
York House,
St. James’s Palace,
S.W.

To the Editor of The British Journal of Nursing.

Dear Madam—We regret to say that the Subscription Sub-Committee of the National Relief Fund has heard of a good many cases in which use has been made of its name, or of the names of those connected with it, with the object of securing support for appeals which are quite unauthorized.

We hope you will be so good as to permit the appearance of this letter, the object of which is to inform your readers that they may be assured that any extravagant or grotesque appeal emanating from persons who have neither the authorisation nor the support of this Committee.

Yours faithfully,
C. Arthur Pearson,
Hedley E. Le Bas,
Frederick Ponsonby,
Joint Secretaries,
Subscription Sub-Committee,
National Relief Fund.

—PUSHED OUT.—

To the Editor of The British Journal of Nursing.

Dear Madam.—At the risk of trespassing upon your valuable space, I venture to ask if you cannot do anything, either personally, or through the Journal, to arouse public opinion to the great danger to the wounded and our profession, arising from the flood of untrained Red Cross workers now monopolising the work of trained nurses. I heard this morning from a friend, whose mother has offered to rent a thoroughly equipped nursing home in town, with a full staff of thoroughly trained nurses for the use of our troops, that the offer has been declined by the Red Cross Society on the ground that they have enough nursing homes already. Mrs. —— says upon investigation these homes turn out to be mostly makeshifts, worked by untrained Red Cross people. She adds that her cousin, ——, at her request is going to the War Office to try to get something done, but thought that you, as our leader in this country, might also be able to stem this evil. I need not point out to you the great danger of allowing our trained workers to be thus pushed out of their proper places. Of course this is only an additional argument for registration. I may add that a friend of mine who was theatre and outpatient sister at —— and a valuable organiser can now find no scope, owing to this cause. Apologising for troubling you.

Yours sincerely,
C. M. W.

AN APPEAL.

To the Editor of The British Journal of Nursing.

Dear Madam.—It is with gratitude and thanks I have to acknowledge a lantern which Miss F. O’Donnell, a patriotic Irish Nurse trained at Steevens Hospital, Dublin, has given us. Before the war cloud burst she raised a subscription amongst her friends and the lantern was originally intended for hygienic and sanitary purposes, but the present conflict has altered our plans and the question now is "How can we help to teach First Aid and Red Cross work?"

I appeal to all who can help, or anyone who has anything to offer in the way of slides or First Aid requisites, dealing with improvised methods of treatment, to send some to us. We want to instruct our Island women to make them efficient helpers, should the demand arise, and thus be in a position to alleviate as far as possible any sufferings that may come our way.

(Nurse) B. V. Hedderman.
Isle of Inishmann.

WHERE TO VOLUNTEER.

Nurses wishing to volunteer for active service must do so at the office of the British Red Cross Society, which is now established at Devonshire House, Piccadilly, W., by the kindness of the Duke of Devonshire, who has placed the whole of the ground floor of the establishment of the Committee, or through the St. John Ambulance Association, St. John’s Gate, Clerkenwell, E.C. Nurses engaged in hospitals or on the staffs of Private Nursing Institutions, or District Nursing Associations, should first get the assent of the Matron or Superintendent.

The Medical Department of the Admiralty state that many applications are made there by nurses of varying qualifications. The authorities are not in need of nurses, or desirous of enrolling them, and it is unlikely that their services will be utilized if offered there.

Many hundreds of applications are also made at the War Office. In both instances application should be made through the British Red Cross Society.

Applications for enrolment in the International Nursing Corps for Active Service in War, from three years’ certificated nurses, should be made at the Headquarters of the International Council of Nurses, 431, Oxford Street, London.

OUR PRIZE COMPETITIONS.

September 5th.—What precautions may be adopted to minimize the danger to the patient in the case of a wound which has been exposed to infection?

September 12th.—What do you understand by shock, and what can you do to combat it?
**The Midwife.**

**CENTRAL MIDWIVES' BOARD.**

**AUGUST EXAMINATION.**

At the examination of the Central Midwives Board held in London and the provinces on August 5th, 1914, 313 candidates were examined and 292 passed the examiners. The percentage of failures was 16.3.

**LIST OF SUCCESSFUL CANDIDATES.**

**LONDON.**

Camberwell Union Workhouse.—K. M. Selby.
City of London Living-in Hospital.—A. Anderson.
A. M. G. Baker, C. A. Bradford, L. E. McKay.
M. E. Potter, E. B. Stobie, P. F. Skinner, H. D.

Clapham Maternity Hospital.—A. Myres.

East End Mothers' Home.—E. S. Barrett, E. E.
Bowen, K. M. Bishop, A. Blackett, M. J. Ford-
Reley, A. E. Griffin, L. D. Lewis, F. Lister.

General Lying-in Hospital.—A. Ambrose, M. E.
Andrews, D. A. A. Asle, G. A. Back, K. M.
E. F. J. Eardley, E. Fielding, J. J. Fuller, C. M.
Goddard, A. B. Gordon, K. E. Grundy, E. Hawley.
E. May, L. Montrion, L. Orthwaiite, C. E. Scott.
L. M. Spafford, D. A. Succle, M. A. Vipond.
D. Walton, C. A. Wiggins, R. E. Williams, E. C.

Greenwich Union Infirmary.—R. G. White.

Guy's Institution.—J. E. Purves, M. D. Sawyer.
G. F. Waters.

Kensington Union Infirmary.—H. L. Jones.
London Hospital.—C. M. Billimohurst, J. V.
Gregory, A. M. Gunner, A. C. Jeppson, C. Roberts.
H. Robinson, H. E. Whitman.

Maternity Nursing Association.—C. E. Adam, H.
Dakin, D. M. Kingsford, E. Pilkington, F. M.
Pratt.

Middlesex Hospital.—H. M. Smith, M. A.
Sullivan.

New Hospital for Women.—A. E. A. Foreman.

Plaisance Maternity Charity.—E. E. Belloworthy.
E. G. Davies, L. M. B. Evans, E. E. Fairchile.
L. E. Gilbert, E. E. Goody, S. A. Green, S. A.
Harrison, M. J. Herbert, K. Hogan, E. Hogg.
E. Joyes, B. M. Knuckey, A. E. Marlow, E. C.
R. A. Ryder, H. Schofield, M. E. Sim, A. M. M.
Smith, F. G. B. Steggall, M. M. Wheeler, M. A.

Queen Charlotte's Hospital.—G. G. Andrews, L.
Webb, X. Benskin, E. M. Crabtree, W. A. Evers,

I. M. Haythornwaite, C. F. Heath, M. A.
E. A. Phillips, E. Pickup, J. Richardson, L. M. M.
Stuart Cox, E. Walter, L. M. Welhley, H. L. Wood.

Salvation Army Mothers' Hospital.—K. Parke.
K. Parick, L. S. Flower, S. E. Foden, E. M.
Morgan, E. M. Paige, G. Smith, E. H. Walton.
St. Bartholomew's Hospital.—A. Berry.

St. Mary's Workhouse Infirmary.—A. D. Kyle.

St. Thomas' Hospital.—E. M. Neville.
University College Hospital.—F. M. Bradman.
Webb.

Whitechapel Union Infirmary.—A. Binnie, A. A.
Williams.

Woodhouse Home for Mothers and Babies.
M. C. Evans, M. K. Wheeler.

Woodstock Military Families' Hospital.—E. M.
Lee.

**PROVINCES.**

Aberdeen, Louise Margaret Hospital.—I. Whit.

Birmingham Maternity Hospital.—J. Steven.

Birmingham, Selby Oak Union Infirmary.
C. E. Cork.

Birmingham Workhouse Infirmary.—M. E. Morin.

Brighton Hospital for Women.—M. M. Cole.
J. M. Harrison, A. Harvey, L. M. Hsp, G. M.
Jeans, K. M. Latham, D. G. Nicholls, A. D. F. A.
Stubbins, A. Wiles.

Bristol General Hospital.—A. Ayland, E. V.
Cleal, J. E. Moor, A. D. I. Sparks.

Bristol Royal Infirmary.—F. A. Bates, M.
Mclagan, H. M. Wilkin.

Chesterfield District Nursing Association.—S. J.
Carrall.

Derby, Royal Derby Nursing Association.
S. A. Bonith, E. A. Denton, A. Drappin, A J.
Devon and Cornwall Training School.—L. A.
Durrer, A. James, E. Prideaux.

Eastbourne Workhouse Infirmary.—E. Coggan.

Essex County Cottage Nursing Society.—E. G.
B. M. Robinson.

Gloucester District Nursing Society.—E. R.
Davies.

Liverpool Maternity Hospital.—I. Wisn.

Manchester, St. Mary's Hospitals.—C. M. Kim-
nerley.

Northampton, Q.I. N.I.—V. O. Bower.

Norwich Maternity Institution.—E. Broom.

Manchester, M. Davis, H. Twigg, E. G. Williams, E. Willson.

Portsmouth Workhouse Infirmary.—B. Trotter.
MATERNITY AND CHILD WELFARE.

A grant of £12,000 is made in the Supplementary Estimate to the Local Government Board for the administration of maternity and child welfare centres. A complete scheme would comprise (1) Arrangements for the local supervision of midwives; (2) Arrangements for—

_ante-natal._—(1) An ante-natal clinic for expectant mothers. (2) The home visiting of expectant mothers. (3) A maternity hospital or beds at a hospital, in which complicated cases of pregnancy can receive treatment.

The additional grant to the Board of Education for schools for mothers has also been adopted, and a memorandum has been issued by the Board describing the objects and mode of conduct of them. Regulations also have been issued setting out the conditions under which grants may be given by the Board.

WEST COUNTRY SUPERSTITIONS.

A Queen's Nurse and member of the Kingston Infirmary Nurses' League, writing in the current issue of its journal, gives some interesting experiences of her work in Cornwall, in a district seventeen miles from the Land's End.

"It was on a very cold dark night in January when I arrived, and I thought I had indeed reached the end of land; no nice nurses' home, but lodgings for the first time. However, the secretary met me and made me welcome. It was a comparatively new district, consisting of a very small town and three villages. I was told by the secretary that the people in the villages (or what was still worse, some of the doctors) were very prejudiced against trained nurses; so I looked forward to a difficult time.

"A common superstition is, that an ordinary dressing-comb will send away the milk when a mother does not want to nurse her baby. I took the only one away from a mother who had lost her little one, and so brought down the wrath of the whole village on my head. It was quite a long time before I could persuade her to let me put on the plasters the doctor had ordered. The old midwives, too, I found very troublesome. They thought it unlucky to wash the palms of baby's hands, or the top of their little heads, until they were a week old.

"They would not have the mother's clothes changed for the first two days: 'it was poor luck,' for the patient would be sure to have something happen to her. Neither should she be allowed to get out of bed, or come downstairs for the first time on a Friday.

"But all this is gradually changing, and now, after nine years, the trained nurses in Cornwall have nearly everything their own way; though an old lady of ninety-three told me this week, that 'she would not have her feet washed in May on any account; she would surely get her death of cold if she did so; and she should have thought I, being a nurse, ought to have known better than want to do such a mad thing.'"
EDITORIAL.

ACTIVE SERVICE.

During the past week the stern realities of war have been forced upon our consciousness by first-hand evidence. First, the wounded are beginning to arrive, and some hundreds are being cared for in military and civil hospitals—an earnest of that multitude for whose accommodation many thousands of beds are available.

Then we have had the arrival of refugees from Belgium, and there is not a woman amongst us who will not desire to extend warm sympathy and practical help to women of the brave nation which has suffered so cruelly for honourably keeping its compact. It will be a privilege and a pleasure if we can be of use to any of these visitors to our shores.

Nurses who are desirous of going on active service are beginning to realize that it is not necessary to leave their own country to render service to those injured in the war; for, not only to the hospitals, but also to private houses the wounded are returning, and private nursing institutions are being called upon for nurses to care for patients recently returned from the battlefields of Belgium.

But from the first it has been evident that nurses were needed both in Belgium and France to supplement those which these countries can provide.

This was confirmed by the request we received by telegram from Dr. Marcelle, of Brussels, for 30 nurses. The promptitude with which this call was answered enabled Miss Cutler and thirteen nurses to report themselves to Dr. Marcelle the evening before the German occupation of Brussels. In reply to a letter to the Press, asking for donations to enable the remainder of the nurses, for whom Dr. Marcelle asked, to be sent out, we have received a most kind response. As, however, communication with Brussels was cut off the day after the first party arrived, no more nurses could be got through to Dr. Marcelle, but every effort is being made to benefit the wounded with the money received, in accordance with the intention of the donors.

We shall be pleased to receive any donations towards the expenses of the members of the International Nursing Corps, formed through this Journal, which our readers can collect. Any sums subscribed will be spent on sending abroad thoroughly trained and experienced nurses, with a responsible sister-in-charge of each party, and we calculate that £20 will cover the expenses of a nurse for three months. So far, the nurses sent are only receiving a salary of £1 per week, and many would be willing to forego even that sum, but this would mean depriving others of their work, and their right to serve their country on active service, unless they had private means, which would be unjust.

We are frequently asked by nurses whether there is anything they can do to fit themselves the better for active service.

It is becoming increasing apparent that those who proceed abroad should be re-vaccinated against smallpox, unless they have been satisfactorily vaccinated within the last few years. In Paris this course is being urged upon all inhabitants by public placards. Further, as experience has proved that the incidence of enteric fever, that scourge of armies, is reduced in a remarkable degree by vaccination nurses are being strongly advised, both by individual medical practitioners, and also by the St. John Ambulance Association, to be vaccinated against enteric fever, before taking up work in places where, in all probability, they will be exposed to infection.
OUR PRIZE COMPETITION.

WHAT PRECAUTIONS MAY BE ADOPTED TO MINIMIZE THE DANGER TO THE PATIENT, IN THE CASE OF A WOUND WHICH HAS BEEN EXPOSED TO INFECTION?

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Sherwood, Rochampton Vale, S.W.

PRIZE PAPER.

Our first precaution must consist of removing infected micro-organisms from the wound and surrounding skin. In order to do this the nurse must cleanse the wound thoroughly but gently. To cleanse a wound caused by a rifle bullet, for example, warm sterile water should be used. The wound and adjacent parts should be washed (always wash away from the wound) with clean lint or wool, never using the same swab twice. A dressing of hydrogen peroxide may be applied, and left in contact with the wound for about five minutes, and then it may be finally dressed with aseptic gauze, wool, and a bandage. This method is only one of many, and is merely given as an example, most surgeons will inform a nurse of any method they prefer. But the use of very strong antisepsics is not only unnecessary but harmful, as it causes necrosis and subsequent sloughing of the tissues. Iodine is sometimes used to clean very dirty wounds.

The great danger to the patient consists in the formation and absorption of toxins. All bacilli, or micro-organisms, manufacture toxic substances to a greater or lesser extent, and it is the aim of preventative medicine to limit the toxic output as much as possible.

In a healthy person the introduction of a toxin into the circulation, general or local, immediately causes a corresponding output of anti-toxin. The white corpuscles, Leucocytes, are capable of absorbing the invading micro-organism (this process is known as Phagocytosis) under normal conditions. But supposing the wound is very severe, and has caused a weakening haemorrhage, or that any cause, e.g., undue fatigue and exposure is present in the person wounded, the leucocytes will be weak and in active, and the invading germ will grow and feed upon the damaged tissue. If its multiplication is still unchecked, the blood stream will become infected, and septicaemia, pyaemia, and glandular abscesses from toxins in the lymphatic glands will ensue. To prevent these untoward results, we must do everything in our power to increase the resistance of the patient. He must have fresh air, warmth, light, nourishing food, plenty of water to drink, clean surroundings and intelligent nursing. The wound will be dressed in a suitable manner, pus being drained off. The bowels must be kept well open, and the teeth and mouth should also receive great attention. Even simple wounds may delay to heal if toxins are being hourly absorbed from carious teeth and foul gums. Where a wound has been exposed to any particular infection or the risk of such, vaccine can sometimes prove of use. Tetanus anti-toxin is occasionally given when wounds have been dirtied with soil or road dust. A polyvalent anti-toxic serum known as “I. K.,” or Immune Substances, has a wonderful curative effect in many septic cases. It has a pronounced effect in strengthening the patient’s resistance by increasing the amount of anti-toxic and anti-lytic materials in the circulation. It is especially useful in wounds where neglect and dirt have produced an erysipelas-like condition.

Wounded patients require great care and tenderness in nursing. They are liable to suffer from shock, and from “unstrung” nervous systems. If they have been through the horrors of a battle their whole being must be more or less affected, for the time anyway. The nurse who can interest and amuse without boring, who can tempt a dainty palate with well cooked attractively prepared dishes, and who can use the tremendous force of suggestion to induce a hopeful, healthy frame of mind, will do much to bring her patient through.

HONOURABLE MENTION.

The following competitors are accorded honourable mention:—Miss Dorothy Maton, Miss Mima Bichel, Miss Doris Vine, Miss A. Musto, Miss Una M. Dodd, Miss Harding, Miss B. Evans.

Miss A. Musto writes:—“The cleansing of the wound should be done with distilled water, and by means of a douche. I object to disinfectant solutions, as, if they are strong enough to be of any real use, they have a marked tendency to cause sloughing at the edges of the wound. I find by means of the douche the wound is thoroughly irrigated and cleansed with the least possible pain to the patient. The can should not be hung higher than two feet above the patient, and the flow should be properly regulated. At a pinch, on the district, I have often got one of the patient’s friends to hold up the can. After thoroughly cleansing the wound I should dress it with sterilized dressings.

QUESTION FOR NEXT WEEK.

What do you understand by shock, and what can you do to combat it?
COMMON AILMENTS IN CAMP: THEIR SIGNIFICANCE AND PREVENTION.

Dr. Cecil Webb-Johnson, Captain R.A.M.C. (T.F.), in the course of a paper read at the recent annual meeting of the British Medical Association, and published in the British Medical Journal, said in part:

It is a well-known fact that common ailments in camp are responsible for a great wastage of public money and a loss of training for a large percentage of men.

The efficiency of a fighting force depends, ceteris paribus, upon the health of its component parts, and one sick man means not only loss to himself but also to the force in general. He is liable to upset the march if he falls out even for some minor trouble, and he may require the services of several stretcher-bearers to take him home, and thus deprive more serious cases of adequate assistance.

We must remember this: in the Territorial Force we have to deal with men who are during the year engaged in civic life, and who arrive in camp in a condition more or less unfit for strenuous training. For this reason it is all the more important to help and watch them, so that they may be able to do their full training without loss. It is the raw recruits who need the most careful handling and watching, for they are tyros at the art and liable to make mistakes through ignorance, which those with previous experience are wise enough to avoid.

Having briefly discussed the means of prevention to be taken before camp, Dr. Johnson discusses what can be done during camp, and enumerates the following points as worth mentioning:

(a) Cleanliness.—It is said that “cleanliness is next to godliness,” but we know that with some people it is next to impossible.

One cannot be too strict in insisting upon the utmost cleanliness, not only in the person, but in camp generally. The men should be taught to wash themselves regularly, and especially to see that their feet are bathed and thoroughly dried after work is over. It may seem faddy to make a point of washing before eating; but although we are, according to tradition, compelled to consume a peck of dirt in our lifetime, there is no necessity to do so in fifteen days.

There is no doubt that much of the gastric trouble in camp is caused by the men eating with soiled hands and contaminating their food.

Of equal, or of still greater, importance is the thorough cleaning of all cooking utensils, and the kitchens require most careful and constant supervision. No food should on any account be allowed in the tents. The cleanliness of the camp in general, and the tents in particular, both make for the health of the camp. Remember that flies carriers of disease—flourish in filth. The risks attend ing exposure and vicissitudes of weather are very small if the men are well clothed and well fed, but these are not enough without cleanliness is added to them.

(b) Removal of Tents.—Whenever possible, the tents should be moved to fresh ground periodically, the length of time for the original tent ground depending on circumstances, such as the weather, &c. If this is impracticable, all tents should be struck at the end of the first week, so that at least the enclosed ground can have the benefit of the sun and fresh air for a few hours. The tent walls must be looped up for a few hours every day, in spite of the weather.

(c) Clothes and Bedding.—Proper facilities should be given for hanging up all blankets and beddings, so that they can be sunned and aired. Similar facilities should be given for wet clothes to be dried, not inside, but outside the tents.

(d) While on the subject of clothes, I must mention the importance of every man having good serviceable boots and at least two pairs of good thick undarned socks. One of the greatest troubles in camp is blistered feet, and a large percentage of men are rendered unfit for duty for one or more days on this account.

I have already mentioned the importance of there being a compulsory ablution of the feet daily, and if this is not practicable the feet should be thoroughly wiped with a wet towel, and this applies particularly to the toes. In my opinion, unsuitable socks are responsible for more sore feet than any other cause, and it is a pity that there is no fund to supply proper socks for all the men in camp. The County Associations make a grant to men who supply themselves with suitable boots at camp, but ignore the question of socks. Men arrive at camp with one or perhaps two pairs of socks, with crude darnings or holes guaranteed to cause blisters within a week.

It is better to dispense with socks altogether than wear ill-fitting and shrunken ones, and an excellent substitute is an ordinary newspaper wrapped round and moulded to the shape of the foot, for this can be changed daily.

The socks should be greased on the outside with soap, and when they show a tendency to shrink they should be stretched and worn on the opposite feet.

As in my experience the two commonest
causes of absence from duty on account of minor ailments are sore feet and gastric troubles, I shall touch lightly upon their treatment. I have already mentioned the importance of suitable boots and socks, compulsory ablation of the feet, &c., and I would now suggest that a foot inspection should always take place a few days after camp has commenced. This is best conducted by the medical officer in conjunction with the officers in command of the various companies. If properly conducted, it takes very little time, and the medical officer can at once tell if any feet require attention. If any blisters are actually present, they should be pricked with an aseptic needle and the serum got rid of. A dressing of some mild antiseptic ointment can then be applied to the blistered parts. In those cases in which no actual blisters are present, but where the skin in parts looks angry and red, an excellent plan is to make the men soak their feet in a bucketful of cold water coloured red with permanganate of potash. Some men complain of excessive sweating of the feet, and in this case they should be bathed in a solution of formalin and water in the proportion of 1 to 500.

A powder of powdered tale 80 parts, starch 15 parts, and boracic or salicylic acid 5 parts, should then be lightly dusted on the feet. If this procedure is adopted, a man will seldom be absent from parade on account of foot soreness. In every case of blistered feet the socks and boots of the men should be inspected.

(c) The next commonest minor ailment is gastric trouble. This takes various forms, including: (a) Constipation, (b) diarrhoea, (c) sickness, (d) colic. The change of air and food are responsible in a great measure for the constipation which is so common in camp life, and most men who have had previous experience present themselves at medical parade on the second day and ask for an apertum.

Every medical officer must know that cases come to his notice of men being rendered unfit for duty on account of neglect in this respect, and, on being questioned, it will often be found that they will go six or seven days without any action of the bowels. This could all be prevented by making inquiries through the non-commissioned officers and seeing that each case was attended to.

Diarrhoea is most commonly caused by previous constipation, and invariably means that a man is off duty for one or more days. Other causes are bad teeth and imperfect digestion, damp clothing not being changed, beer drinking, and food which is not good being kept and eaten in the tents. With the diarrhoea are, in a number of cases, vomiting and colic, and they are very difficult to treat properly in camp because there is no proper provision made for special invalid diet. This makes it still more important for us to prevent these troubles by every means in our power, and I think that a careful attention to the bowels during the second or third day in camp will do much to prevent men being off duty from such causes.

THE GENERAL HOSPITALS T.F.N.S.

We are officially informed that the Territorial Force Nursing Service has now all been mobilized; and its numbers have either been called up, or been warned to hold themselves in readiness. The Territorial Force Hospitals are formed in the greater number of towns; and a large number of beds are in readiness to receive any wounded— the medical staff and nurses are in the hospital's

PRINCIPAL MATRONS.

London.—No. 1, Miss Cox Davies; No. 2, Miss R. E. Darbyshire; No. 3, Miss E. Barton; No. 4, Miss M. E. Ray.
Northern.—No. 1, Miss E. F. C. Brown; No. 2, Miss E. S. Innes; No. 3, Miss W. C. Smeeton; No. 4, Miss J. A. Sheppard; No. 5, Miss C. E. Vincent.
Southern.—No. 1, Miss E. M. Musson; No. 2, Miss A. B. Baillie; No. 3, Miss A. Watt; No. 4, Miss E. Smale; No. 5, Miss C. Alcock.
Eastern.—No. 1, Miss C. Crookenden; No. 2, Miss M. Bird.
Western.—No. 1, Miss M. E. Sparsloot; No. 3, Miss E. A. M. Wilson.
Scottish.—No. 1, Miss E. Edmondson; No. 2, Miss A. W. Gill; No. 3, Miss H. G. Smith; No. 4, Miss J. Medrose.

MATRONS.

London.—No. 1, Miss M. Acton, Miss M. Rundle; No. 2, Miss M. S. Riddell; No. 4, Miss E. Holden, Miss M. Pinfent; No. 4, Miss E. Dalton, Miss M. P. Scovell.
Northern.—No. 1, Miss G. A. Preston, Miss S. Willans; No. 2, Miss E. A. Gittens; No. 4, Miss A. L. Earle, Miss M. M. Turner; No. 4, Miss M. Laydon, Miss F. Burgess; No. 5, Miss L. Barrow, Miss H. Hannath.
Southern.—No. 1, Miss H. F. Clarke, Miss K. G. Lloyd; No. 2, Miss M. A. Harvey, Miss F. M. Smith; No. 3, Miss G. White, Miss R. W. Wynne; No. 4, Miss V. A. Billing, Miss C. A. Tait McKay; No. 5, Miss E. Lea, Miss K. A. Smith.
Eastern.—No. 1, Miss A. L. Charteris, Miss E. M. Newton; No. 2, Miss L. O. Carter, Miss I. K. Szczepanska.
Western.—No. 1, Miss H. R. Oates, Miss J. Purves; No. 2, Miss E. E. Fletcher, Miss A. Woodhouse; No. 3, Miss G. Richardson, Miss S. A. Todd.
Scottish.—No. 1, Miss E. C. R. Philip; No. 2, Miss C. W. Millar, Miss A. M. Milligan; No. 3, Miss J. Chapman, Miss M. G. Miller; No. 4, Miss E. E. Taylor, Miss E. O. Thompson.
THE WORK OF ST. JOHN AMBULANCE ASSOCIATION.

(Officially Communicated.)

What the St. John Ambulance Association is doing in this moment of crisis is of no small matter. It has supplied 2,850 trained orderlies to the Army, 2,380 to the Military Home Hospitals' Reserve, 450 to the Expeditionary Force, 1,200 to the Navy, 300 to private hospitals (i.e., hospitals other than those of the M.H.H.R.), and 50 to the French Red Cross.

But there is also an enormous amount of work being done by the Foreign Service and Trained Nurses' Department—a department under the able chairmanship of Sir Claude Macdonald, K.C.B. This department has been largely reorganized by Miss A. Claridge of H.R.H. Princess Christian (A.N.S.R.), whose wide experience of nursing under all conditions and circumstances, in many lands, have made her especially suitable for the task in hand. The Foreign Service Department of St. John Ambulance Association has selected and appointed 124 nurses who are now at the front, and new calls come every day.

Where nurses can afford to give their services they do so; where this is impossible, the St. John Ambulance Association pays their salaries.

Every care is taken to safeguard our nursing sisters who are sent on active service, and those hospital units and parties of nurses who go out under our auspices. In all cases, the qualifications of the candidates have been carefully looked into and passed by us.

It is officially notified by the War Office that the Ambulance Department of the Order of St. John of Jerusalem forms part of the Red Cross Organisation of Great Britain, equally with the British Red Cross Society and the St. Andrew's Ambulance Association, and is recognized by the British Government under Article 10 of the Geneva Convention as a Society to assist the Medical Services in time of War.

Indeed, St. John Ambulance Association is the senior branch, having rendered great service to the country since 1877. With regard to Miss Corder's party of fourteen who left for Brussels on August 10th, they were originally selected by this department in response to a telegram from the Belgian Red Cross, but on Mrs. Bedford Fenwick receiving an urgent telegram from Dr. Marcelle of Brussels asking for thirty nurses, they were dispatched under the auspices of the St. John Ambulance Association to the Hospital of St. Jean where they will have found, already at work, several members of our previous parties. The salaries of all these nurses are being paid by the St. John Ambulance Association.

The St. John Ambulance Association is deeply indebted to Mrs. Bedford Fenwick for the help she has given in sending nurses in answer to our call for aid for the front.

DESPATCHED TO THE FRONT.

ANTWERP.

I.

In response to a telegram from the British Minister at Antwerp for three nurses, received on August 24th, the following nurses were despatched by the St. John Ambulance Association on August 25th:

Miss Lucy A. Mary Brown, London Hospital and University College Hospital.

Miss K. E. Williams, Liverpool Infirmary.

Miss Gwladys Grace Williams, St. Mary's Hospital.

II.

St. John Ambulance Association received a second telegram from the British Minister at Antwerp, "Could you send eight more trained nurses?" The telegram was received August 27th. The nurses were despatched August 29th.

Matron: Miss Charlotte Irene K. Summer, Leicester Royal Infirmary. Matron (Acting), 4th North Eastern General Hospital, Leicester.

Miss Olive Alax, Pendlebury Hospital, Manchester, and City Hospital, Edinburgh.

Miss Rose Irene Lethbridge, Melbourne Hospital, Australia.

Miss Mary Alice Hayes, Southampton Infirmary. Subsequently Sister.

Miss Agnes Mary Higgs, Southampton Infirmary. Subsequently Sister.

Miss Grace A. Hodgson, Perth Public Hospital, Australia. Sister, Auckland.

Miss Florence E. Carter, Fever Nursing, Croydon; General, Royal Albert Hospital, Devonport, H.R.H. Princess Christian Training Nurse.


PARIS.

I.

The following nurses were despatched to Paris to the French Red Cross, in response to a telegram from the Association's representative, Mr. Oppenheimer, on August 31st.

Matron: Miss Barbara Barber, Croydon Infirmary, Rainyard Nurse; Sister-in-Charge Nursing Home.

Miss Annie Brown, Rochill Hospital, Glasgow. Royal Infirmary, Glasgow.

Miss Alice G. Bryan, Bristol General Hospital. Miss Florence M. Cleaveland, St. George's Infirmary, London. Miss Jean Cornish, Nightingale Training School, St. Thomas's Hospital.

Miss Sibyl Senior Gardiner, Children's Hospital, Shadwell, London Hospital.

Miss Alice Mary Letts, France Infirmary, Wolverhampton.

Miss Jean Brown McAdam, Lambeth Infirmary and Western Hospital.

Miss Mary Clare Meredith, Nursing Home, o. John Street.
Miss Albena T. Pinneger, The "Dreadnought,"
Greenwich: Soho Hospital for Women.
Miss Bertha Tulloch, St. George's Hospital,
London.
Miss Georgina Wilson, General Hospital, Sirond;
Six months Assistant Matron County Hospital,
Bedford.
Miss Beatrice Wise, Meath Hospital, Dublin.

Matron: Miss Dorothy Taylor, Metropolitan Hospital, N.E.
Miss Mary D'Arcy, Cork Hospital, and Meath Hospital, Dublin.
Miss Kathleen Lawless, St. Vincent Hospital,
Dublin.
Miss W. E. Matheson, St. John and St. Elizabeth Hospital.
Miss Ethel M. Sanders, Hampstead General Hospital.
Miss Annie Elizabeth Wilkins, St. Saviour's Infirmary, E. Dulwich.

THE NURSES' ASSOCIATION OF CHINA.

FIFTH ANNUAL CONFERENCE.

The Fifth Annual Conference of the Nurses' Association of China opened on Tuesday, June 30th, at Shanghai, with the President (Miss Gage, of Changsha), in the chair. The outside temperature was hot, but was as nothing compared to the warmth of enthusiasm and comradeship manifest amongst the delegates in the Conference room. Nurses came from eight Provinces, and twenty-two different hospitals—both Government and Mission—were represented, but chiefly by American and British nurses, one Chinese nurse being present. The language used was English, but as long it is confidently expected that Chinese nurses will be able to be present at these annual conferences in large numbers, when the language used may be their own tongue.

The Conference was opened by a short Devotional Service, conducted by Dean Walker (of the Shanghai English Cathedral). In a very helpful address, he besought the members of the nursing profession never to sever the vital connection between professional ability and religious devotion. All nurses and doctors, he urged, should be Christians or not, be doing God's will, consciously or unconsciously, because "gifts of healing" came from Him. If they were Christians their work was the higher work because they could minister to the soul as well as the body. "Never say, 'Man has a soul'; say, 'Man is a soul and has a body.'"

The remainder of the Session was given up to hearing papers on Social Service Work and kindred subjects. A paper was read by Mrs. Matheson (Secretary of the Women's Home on Rescue Work amongst Foreign Women in Shanghai); and this was followed by a talk from Miss Henderson, who is in charge of the Children's Refuge in the same port. She told a touching tale of the plight of small slave girls, ill-treated little daughters-in-law, and numbers of children rescued from houses of ill-fame in Shanghai and other places. So often when they arrive at the Refuge they are pitiful, underfed and poorly clad, suffering from wounds and bruises and broken limbs, the results of cruelty; most of them mentally numbed, and dull at first even to appreciate kindness. But with infinite patience and much love they are gradually taught, not only ordinary school subjects, but also household duties and laundry work, and shoe-making, &c. Only one servant is kept in the Institution, the girls doing all the work. Just now the Refuge is full to overflowing; there is not "breathing space" for another child! The work depends on voluntary contributions for its support.

Miss Gordon (of the American Church Mission Hospital, Shanghai) then gave a paper on the Social Service work done by nurses in America, and told of the tremendous advance of hospital extension work during the last four years. The fields of work are endless, and the variety of people helped multitudinous. About 1,400 cities in the States now have Nursing Social Service in force.

On the morning of July 1st, reports from the officers of the Association were presented. The work of the past year has been that of getting better organized, and the members more closely cemented together than has been possible before. The keen President and the energetic Secretary have "gone on going on," and the Association is steadily increasing in membership, force and usefulness. The past year has seen the printing and circulating of the "Uniform Curriculum and Regulations for Examinations" for candidates for the N.A.C. diplomas in General Nursing and in Midwifery. This union scheme is but paving the way for a National Examination and Diploma, which is expected may emanate from the Government ere many years are past.

Three papers were given, and discussion took place on: "Home Leave": How best to utilize it—in England, in America, and in Europe—when helpful suggestions were made by members who had already been on furlough, and taken advantage of the post-graduate courses and other facilities for "rubbing up" knowledge, and getting up to date. These papers were read by Mrs. Burnip (England), Miss Ogden (America), and Miss Hoolande (Germany).

Miss Toulkinson (late Superintendent of Nurses at Harlem Hospital, New York) gave a talk on "Difficulties in Modern Training Schools at Home," in which she dealt mainly with the problem of lack of suitable candidates and gave some probable reasons for the shortage, and some possible aids to the solution of the problem.

Miss Simpson (of the Methodist Episcopal Mission Hospital, Foochow) gave a paper on the training of Chinese pupil nurses. She contrasted the old days and the present day Training School methods in the home lands, and pointed out that we must let our pupils here profit by the lessons we have learnt during the years. Let the duties which unskilled hands can do be done by ward
maids: give the pupil good quarters and the best of food: give her time to study, and do not expect her to pick up her theoretical knowledge at odd moments: turn her out at the end of her graduation time, bounding in life and health. "Until customs in China change, her nurses can only be half nurses, for she must care for both sexes before she can be a complete nurse. The care of the sick has been looked upon as work only fit for cooies," but the status of a nurse is gradually being raised, "and as long as sickness is looked upon in so many places as devil-possession, nursing cannot take the place it does in Christian lands." "Chinese women have not the constitutions of their Western sisters. After centuries of being kept indoors with little, bound feet, one or two generations will not make them strong." They must be in the future the teachers of the women of China." One of the chief keys to help clean out these insanitary streets, deal with contagious diseases, and get such a number in the field that the law makers of China shall be compelled to listen, and help them make this land a sanitary land."

Miss Withers (A.B.F.M.S.) of Swatow, wrote a paper on "The Chinese Graduate Nurse and her Opportunities." "China for the most part does not know that she needs trained nurses, but that is today and not to-morrow! The graduate nurses' opportunity in China is endless. They must be trained to take the foreigners places as Superintendents and also as Head Nurses. At present the majority of the Chinese people are too poor to use nurses in their private homes, save in a few isolated instances. But her great field lies in Dispensary and Settlement work. She can be sent out into villages and towns from the main hospitals, and work perhaps in connection with women's clubs or schools. She can teach the care of the sick, the dressing of simple wounds, the care of the eyes and teeth, care of children and newborn infants, besides daily dispensary duties. As a visiting nurse she will be invaluable, and as she goes about can teach cleanliness and domestic hygiene. And if the nurses are trained how to lead the people to Christ, a sum in multiplication is started in work for Christ which cannot be estimated."

These papers were followed by a half-hour questionnaire, when much useful and practical information was given and ideas and plans interchanged. One of the most enjoyable parts gained by delegates to the Conference has been the interchange of ideas and plans, whether in the more public meetings and over teas, or in friendly discussions in the tramcars and along the roads. On all hands is heard, "How do you do this?" "What do you do under such and such circumstances?" "What conveniences have you for so and so?" Problems which never confront the Matrons or Superintendent at home have to be dealt with out here. The fumigation of bedding without a bakehouse, the disposal of refuse where there is no sewage system, the supply of sterile water when the only water available is that from a muddy river! These and many other subjects have been discussed, and during the last session of the Conference, delegates discussed the subject of developing the standard of training and improving the teaching methods."

(APPOINTMENTS.

MATRON.

Isolation Hospital, Crook Haugh, Isle of Man. Miss C. E. Foytong has been appointed Matron. She was trained at the Royal Infirmary, Manchester, where she has held the position of Assistant Matron. She has also been Night Sister at the North Devon Infirmary, Barnstaple, Sister of Male and Female Medical Wards at St. Bartholomew's Hospital, Rochester, and for the last four and a half years Acting Assistant Matron of the City Hospital, Leeds.

NURSE MATRON.

Isolation Hospital, Newhaven. Miss G. M. Bates has been appointed Nurse Matron. She was trained at St. Thomas' Hospital, and for the last five years has been Nurse Matron at the Ashford Isolation Hospital. She has also had experience of private nursing.

SISTER.

Borough Isolation Hospital, Stockport. Miss Frances Pace has been appointed Sister. She was trained at the Bolton Infirmary and Dispensary, and the Astley Casualty Hospital, Manchester, and has been Staff Nurse at the City Hospital, Seacroft, Leeds, where she has also taken Sister's duties.

SCHOOL NURSE.

Manchester Education Committee. The following nurses have been appointed School Nurses under the Manchester Education Committee—

Miss Katie M. Munro, trained at the Derbyshire Royal Infirmary. She has also had three years' experience of ophthalmic nursing at the Royal Eye Hospital, Manchester.

Miss Lois Marsden, trained at the Rochdale General Infirmary. She has also been Staff Nurse at the City of London Hospital for Diseases of the Chest, Sister at the Central London Ophthalmic Hospital, and Sister at the Royal Eye Hospital, Manchester. She has also had experience of private nursing.

Miss Maud Christian, trained at the Crumpsall Infirmary, who has also had experience of Private, District, and School Nursing.

Miss M. E. Dickinson, trained at the South Manchester Hospitals, West Didsbury, who has also held appointments at the Victoria Infirmary, Northwich, Wood's Hospital, Glossop, Queen Mary's Hospital for Children, Cashalter, and has worked as a Queen's Nurse in connection with the O.V. J.J. District Nursing Home, Harpurhey.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Mary C. Browne is appointed to St. Ives; Miss Selina Harbourn, to Hampstead.
ROYAL INFIRMARY, EDINBURGH.

MOVEMENTS OF NURSES IN CONNECTION WITH THE WAR.

The following nurses have left the Royal Infirmary during the last few weeks:

Sister Bell (Ward 7 and 8) is at Devonport Military Hospital; Sister Livingstone, A.N.S.R. (Ward 33) is abroad with General Hospital No. 2; Sister Murray (Ward 17 and 18) and Sister Laing (Ward 9 and 10) are with the T.F. Hospital at Craigleith, and have been accepted as volunteers for foreign service; Nurse Petherick is with No. 9 General Hospital; Nurse Mary Taylor, at York Military Hospital, and Nurse Former and Nurse H. Main are at Craigleith.

The following Nurses have also been sent abroad or to military hospitals as members of the Royal Infirmary, Edinburgh, Training School:

Nurse M. E. Thomson and Nurse J. Welsh are at Devonport; Nurses E. Schofield, S. McIntosh, L. Grandmann, M. T. Wilson, K. Cathels, E. Tully, and C. E. Robb are with No. 6 General Hospital; and Nurses A. M. Locke, J. W. Cameron, J. W. Osler, S. Cresser, and W. Evers are with No. 9 General Hospital; Nurse G. Phillips is with No. 11.

Another party of seven, comprising Nurses K. Dill, M. M. Kerr, M. Ferrier, A. Cairns, H. M. Westwater, D. Shankie Smith, and J. Leechman are now waiting orders to start.

The Royal Infirmary is also strongly represented in the ranks of the regular staff of the O.A.I.M.N.S., several of the Matrons and many of the Nurses being members of the training school.

THE PASSING BELL.

Members of the Registered Nurses Society and many others of her friends will learn with deep regret of the death of Miss Emily J. Boden, which took place in the Putney Hospital, on Sunday morning last. About two months ago she underwent a serious operation, from which she made a good recovery, but further complications set in to which she succumbed.

Miss Boden was one of the early members of the Registered Nurses Society, and worked loyally on the staff for a number of years. She was well known to her colleagues, as for some years she did holiday duty in the office during the annual leave of the Secretary. For the last few years she had retired from active work. Loyal to the Society and to those in authority, courteous to those with whom she came in contact, a staunch and affectionate friend, and possessed of a strong sense of humour, she will be much missed. One of her strongest characteristics was her devotion to animals, a devotion returned to the full by Molly, a highly bred and beautiful Skye Terrier, whose intelligence exceeded that of many human beings, and whose death was such a grief to her mistress. Significantly, among the flowers at the funeral was a beautiful chaplet of white lilies and crimson carnations sent by the Registered Nurses Society.

NURSING ECHOES.

By the kindess of the Editor of the Kingston Infirmary Nurses' League Journal we are able to publish the accompanying picture of Sister Barber, one of the first members of the League, and its representative at the Birmingham Nursing Conference in June. Sister Barber is holding the League Banner which she bore on the platform in the Central Hall at the opening ceremony.

A Society which affords an opportunity of earning an independent livelihood to that most dependent class of the community, the blind, is the National Institution for Massage by the Blind, 188, Marylebone Road, N.W. It was founded in 1900 to enable the intelligent Blind to obtain the best training possible in the work of Massage, Nauheim and Danish-Swedish Exercises, Weir-Mitchell Treatment, and Electricity, and to secure for them a fair share of this work, for which they have proved themselves particularly well fitted. At present there are 100 blind operators attached to the Society, who have gained the highest certificates possible, 57 masseuses and 43 massuers.

Blind operators trained by the Society are at work at St. Thomas' Hospital, St. Mary's Hospital, the Royal Waterloo Hospital for Children and Women, the Victoria Hospital for Sick Children, the Westminster Hospital, the London Temperance Hospital, and the Dreadnought Hospital.

A member of the nursing staff of the Universities' Mission to Central Africa, in the course of a description of a nurse's day at Masasi, in Central Africa, writes:

Now for a visit to the women's hospital. It is a very small mud hut, much too small, but we hope to get a larger one some day; for the work at Masasi is growing fast, and the women are much more ready to come into hospital than they were a short time ago. Our hospital is so small that it is barely large enough to hold five beds comfortably, but on one occasion we were obliged to take in seven women, four children, and three babies! We wondered how they would ever fit in, and thought it wiser to leave that to them, and they managed it! But when I went over to read prayers at 8 o'clock I could scarcely squeeze inside the doorway. They were packed like sardines. Fortunately, Africans do not mind a tight fit; it is warmer they say and safer, for as a rule the women are very nervous. No African woman would sleep by herself.
Many of our patients come in with very bad ulcers, abscesses, and fever, and at certain times of the year we have a great many eye cases. One woman has been in for four months. She arrived in a half-starved condition with a terrible sore on her leg, and brought her baby with her, a miserable little mortal about a year old, who screamed every time we went near her. Now the woman is so fat that her friends would hardly know her, and the leg is nearly healed. As for the baby, it is quite a different creature, so friendly and plump, and can walk quite well.

Any patient who is well enough goes to the dispensary every day, but there are a few who are unable to do this. When these have been attended to, and the hospital and yard inspected (for the patients themselves are expected to keep the place clean), the nurses go to the dispensary. If any Europeans are on the sick list nurse goes to see them.

The National Union of Trained Nurses, which has selected a number of nurses for service at the Front, has had news that its nurses working in Namur are well.

After some exciting adventures in Belgium, Mrs. St. Clair Stobart has arrived safely at home. Her party was sent back from Ostend.
THE HOSPITAL WORLD.

BALLINCOONA.


This is Ballincoona, our House of Help, the centre of the small work which we are so far able to do, the heart of the great work, which, with the help of God, those who come after us will carry out, to the lasting good of Ireland. Behind it rise the calm and silent hills, southward lies the unquiet, wayward, mysterious sea, with the Cork mountains on its further shore. Light, air, sunshine, and beauty have been our first thoughts in building. Nature is the most scientific of doctors, the most sympathetic and skilled of nurses.

Built on a gravel ridge, outcropping from the bogland, our hospital is of stone, very simple in construction, as all modern homes for sick people are bound to be. Exposed to all winds and weather, the walls are two and a-half feet thick, cemented and pebble dashed on the outside. There are two wards holding six beds each and twenty-two smaller rooms, exclusive of baths and sanitary arrangements. Our smaller rooms are not allocated to any special purpose. We await the development of events. Our balconies are not yet completed. They will give us space for four or five more beds. We can accommodate twenty-two patients at all events.

The centre is occupied by the administrative block. In it are included the operating theatre, anaesthetic room, surgery and dispensary, and also the large hall, separated from the patients' quarters, where we hope to have many pleasant gatherings. The wing holds the larger wards. In years to come it may be necessary to add the second wing at the western end, beyond the gardens. The administrative block will then serve the double purpose, as originally designed.

Since our last report, our large steel rain-water tank (30 ft. long by 11 ft. 9 in. wide and 5 ft. deep) has gone up at the east end. The internal aspect has entirely altered. We have eight and a-half months' work to record. Our acetylene gas and electric bell installations are in. Our rooms are now all partitioned off. The carpentry and plastering is practically completed on the two upper floors, and three parts done on the ground floor, with some exceptions, such as the sanitary arrangements on two floors, which could not be touched until our rain-water tank at the eastern end was in place and roofed. It will take us some weeks to finish the plastering and to put in our circular iron stairs, fit up the goods lift, and the small dinner lift, settle our stoves, fix our banisters, make our lower balcony, roof our upper balcony, and the large tank, fine our concrete tanks and floors, and set in the banisters on our external staircases. The materials for these works are, with small exceptions, already on the ground.

It was cheering to us to have the verdict of the Matron from one of our greatest London hospitals, that Ballincoona compares favourably in up-to-date arrangements with the newest Metropolitan hospitals.

Outside again, we have built our gas, boiler and disinfectors, our dairy, and a much-needed addition to the farm buildings, chiefly from stone met with in the course of draining for our little fruit farm, whose bushes we hope to plant this autumn.

We are just beginning the house and farm sewerage. The plans for this we owe to our kind friend, Dr. Matthews, Senior Sanitary Inspector of Stoke Newington, who generously spent his holiday in our service, measuring, taking levels, and working out the scheme of drainage.

Our total expenditure upon our whole work, including the initial and yearly expenditure upon the farm, has been £11,732 8s. 5d. up to date, £5,871 of which has gone in wages. Of the total amount, £1,732 15s. has been received from our most kind subscribers in sums varying from £1 to £25. This includes a sum of £60, the result of a concert and meeting in and donations from Ashton-under-Lyne, for which it is difficult to be sufficiently grateful.

The want of funds will not allow us to think of
any furnishing or fittings for the present. Baths, disinfector, sinks, sanitary arrangements, hot water, general plumbing, sterilizer and all theatre necessaries, grates and furnishing throughout must wait. Please make it possible to us very soon to open our hospital.

Farm affairs have not been quite so satisfactory. We have several casualties to record. A young calf fell down a deep hole and was strangled; a fat pig was suffocated on the way to the hair, another, a bonham, was trodden on and killed in the sty. Our bees are non-existent. Dogs got in and ate some forty or fifty pounds of pork of our own killing, which were awaiting sale.

On the other hand, crops have done very fairly. We have made £60 5s. 3d. by farm and garden. In the summer we took in lodgers, which brought us in £7 10s. We have also been fortunate in finding turt on another part of our ground, so that our year's supply of fuel is secured to us once more.

Our Co-operative Society goes on well; but we have to record with deep regret the death of one of our committee—the foremost farmer in the district and a most trusted councillor.

ALBIE BIRDSON.

Miss Brodrick's latest news is that the Hospital is accepted for the wounded, so now all its friends must help to furnish and finish it.

**RED CROSS REQUIREMENTS.**

There are three requirements in all ambulance work which should not be overlooked, namely, promptitude, cleanliness and the selection of suitable means for the end in view.

For anything in the nature of a wound the maintenance of asepsis is very necessary. Nurses frequently are directed by the medical practitioner in charge of the case to paint the surface of the wound and surrounding skin with tincture of iodine, and a convenient means for so doing is to use "Vaporole" iodine Tincture. This product consists of a container in which tincture of iodine is hermetically sealed and which terminates in a pointed end, surrounded by absorbent material and enclosed in a silken net. When the point is broken the absorbent material becomes saturated with fresh tincture of iodine, and the product is ready for use as a swab.

Steps should also be taken to guard against any infection taking place through the use of make-shift bandages. These precautions are particularly called for in head injuries. For such cases a modern dressing has been devised, in "Tabloid" Adjustable Head Dressing, which consists essentially of a cap-like arrangement to be slipped over the head—with one side split up and the lower edge prolonged into a bandage for fixing the cap. Its application is simplicity itself, no particular skill or previous practice is necessary to get perfect adjustment, and the time required is a matter of seconds. It fits any head, and when applied cannot slip or be readily displaced.

The use of Triangular bandages in ambulance work is also well recognised and with these it has been customary to print upon the fabric of the bandage illustrations representing the methods of application. A very striking advance in the quality and clearness of the pictorial representations has recently been effected in connection with "Tabloid" Triangular Bandage. The designs are plain, precise, complete and in accordance with the latest practice.

Another point of interest is that all bandages and dressings bearing the "Tabloid" brand are compressed into a very small space and can therefore be carried without inconvenience in the pocket. Each packet is provided with a stout covering which will resist wear and tear and any required amount of bandage or dressing can be removed and used, leaving the remainder still protected from contamination.

A very convenient and handy outfit for Nurses employed in Red Cross work is "Tabloid" brand First-Aid case No. 703. It contains "Tabloid" brand bandages and dressings, "Borofax" Carron Oil (SOLIDINE), Jaco, "Vaporole" Aromatic Ammonia, plaster, &c., &c., and is issued in metal cases enamelled in various colours. A variety of other equipments is available, so that a suitable outfit can be supplied to meet the requirements of any individual or body.

Nurses who have to select equipments or materials for hospital or ambulance work in the present crisis, or who are asked to advise others, should certainly get in touch with Burroughs Wellcome & Co., whose experience in medical and first-aid equipment for military purposes is of a most unique character and is placed freely at the service of all enquirers.
THE WAR.

The Queen of Norway, Princess of Great Britain and Ireland, who is desirous of expressing her affectionate solicitude for her native country, and for her native county, Norfolk, has placed Appleton House at the disposal of the local authorities who are organising the exceptional measures at this time of stress.

The business of transforming Salisbury Road School, Plymouth, and the adjacent Baptist Church into a War Hospital (the 4th Southern General) is very near completion, and on Thursday, the 27th ult., the Mayoress of Plymouth paid this institution a visit and gave a freshly cut rose to each of the patient's already under treatment there. Every little classroom is now ready for the reception of from six to ten wounded warriors, and the big rooms have been wholly converted into hospital wards of regulation pattern.

The staff already consists of: Matron, Miss Tait McKay; Sisters, 22; Nurses, 65. Gifts are flowing to the hospital with a freedom that causes the Matron's heart to rejoice. The St. Blazey and Par Red Cross Society have undertaken to send six dozen fresh eggs weekly for the invalids; Plants from the Countess of St. Germans; Gifts of that priceless—because unbuyable—hospital requisites, old linen, have been made by Mrs. Willcock and Mrs. Webber, Plymouth, and fine bundles of the various towels and cloths used in ward work, have been sent by Mrs. Rodgers, Plymouth. Welcome contributions have been made from the various working parties, St. Blazey and Par, Exeter, Blandon, and from Mrs. Borthko (Trewidden), Miss Fry, Miss Roberts, Miss Wills (Bristol), Miss Tweedy and Miss Heard (Truro), Mrs. Teivery (Fowey), Mrs. Liddon (Tavistock) and others, while food for the mind in the form of a box of magazines has come from Mrs. Moore, of St. Clements, Truro. On Monday last 102 wounded soldiers from the front were admitted to the hospital.

We are informed that Messrs. Chas. Zimmermann & Co. (Chemicals), Ltd., 9 and 10, St. Mary-at-Hill, London, E.C., have generously forwarded all their supply of the well-known emergency bottles to the seat of War. These will be despatched by the British Red Cross Society, who have also accepted the gift of 1,000 gallons of Lysol to be drawn on when required for military purposes.

LECTURES AT THE ROYAL SANITARY INSTITUTE.

A course of lectures to assist school teachers and other students entering for the examination in school hygiene, including elementary physiology, and for women health visitors, tuberculous visitors and school nurses, will be given at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., commencing on Monday, October 10th, at 7 p.m. For further particulars, application should be made to the Secretary.

OUTSIDE THE GATES.

WOMEN.

The Queen paid a surprise visit last week to the headquarters of the Order of St. John of Jerusalem, at St. John's Gate, Clerkenwell, London, and made a tour of inspection of the various departments. Her Majesty subsequently visited the St. John Ambulance warehouse, and ordered a large consignment of clothing and hospital requisites for despatch with a party of nurses, who are leaving at once for Antwerp, in response to the appeal from the British Minister at Antwerp.

With the approval of her Majesty the Queen it has been arranged that a meeting of one representative of each of the Queen Mary's Needlework Guild, the St. John Ambulance Association, and the British Red Cross Society shall be held every Wednesday afternoon at St. James's Palace. The object of the meeting is that the three societies shall compare notes in order to ascertain the garments and articles have been received by each society, and what are the special requirements for the following week.

A statement will then be issued to the Press, and the various branches of the societies and heads of working bodies throughout the country should look for this weekly announcement.

A meeting was held at 35, Park Lane, last week, by permission of Lady Grosvenor, to establish a West-end depot in connexion with the work of the Order of St. John of Jerusalem and for supplying information as to ambulance and nursing arrangements, the making of garments for sick and wounded soldiers and refugees, &c. Members of the committee, which includes the Duchess of Somerset, Lady Falkland, Lady Sydenham, Lady Borthwick, Lady Egerton, the Hon. Mrs. White, and Lady Maxwell Lyte, will attend daily at 35, Park Lane, from 11 to 6 to answer all inquiries.

Gifts of money and garments should be addressed to Mrs. Oliver, care of Countess Grosvenor, 35, Park Lane, W.

On all sides the present crisis has shown that women, as well as men, are anxious to do what they can to serve their country. The trained nurses, like the soldiers, are happy in having a definite sphere of action, for which they have been prepared by years of special training, and in which they are indispensable and supreme. But purposes women are turning their attention to many other channels through which their services can be usefully employed and are sparing no pains to give aid in directions in which their work seems to be needed. No doubt, as are goes on the channels through which assistance can be effectively rendered will become more and more apparent.

The Executive Committee of the National Relief Fund includes Mrs. McKenna, Miss Mary Macarthur, Lady Kerry, and Miss Violet Markham.
BOOK OF THE WEEK.

"QUINNEYS."

Old Joe is dead, and young Joe reigns in his stead.

"Right you are," replied Quinney.

Later young Joe had gone for a walk alone.

The keen air blew the fog out of his brain, and presently he exclaimed aloud:

"Yes, I am Quinney!"

After a pause he burst out again, "Gosh, I'm jolly glad that I gave him a tip-top funeral. He'd have pinched something awful over mine."

In the window of Quinneys there was a dirty card, "Genuine Antiquities." In such matters old Joe had always been behind his times. Fired with enthusiasm young Joe seized the card and tore it up. "Never could persuade the old man that the genuine antiques card was a dead give away."

"You're your father without any mess on you," remarked Tampin.

Having summarily arranged his business future, young Joe next proceeded to settle his domestic life. Without losing a day he called at Laburnum Row. Mrs. Biddlecome's eyes sparkled when she saw her visitor. "Never expected to see you this evening, Mr. Quinney."

"I'm tired of doing the things that are expected," was the surprising reply. Then, with a flash he blurted out, "Susan it?" Posing her appearance he appraises Susan's value. "You learned her French and the pianoforte. By gum, is there a girl except Susie who parleyvooed in this part of the town?"

Vulgar little Quinney had a true eye for beauty and value. His success in business and his choice of a wife go to prove this. The Dream Cottage, their first home, was a spot to be envied.

The agent smiled discreetly when he saw them.

"Bird nestin' we are," said Quinney.

"Just so. Did you like the nest you saw yesterday?"

The girl answered eagerly, "It was too sweet for anything." That was before Dream Cottage was in question.

Her brown eyes dwelt with rapture upon a tiny lawn sloping to the sleepy 'Me.' Over everything hung a veil of romance. Partly she wiped two tears from her eyes.

"Let us go," she said quietly.

She turned and the men followed her in silence. The agent had mentioned a sun which made Quinney whistle. But he bought it all the same.

"Yes, it's me that bought it. Now ain't I a regular old rag-bag o' surprises?"

In the furnishing he would scoop merrily upon what was really beautiful and enduring.

"A fine thing like that Kang He jar makes me feel good. I can kneel down before it."

Mrs. Biddlecome observed majestically, "Don't be blasphemous, Joseph."


It is blasphemy to my mother to picture the sun to beauty. I chose Susan. Susan. I'd done my father wanted and got excited, so that here was Arabella because she had something under her stockings besides a leg like a bedpost.

"Now you are indelicate, George. Susan."

The night his child was born, he swore he would sell no more new oak as old if his precious Susan was spared. He remembered the false account of early Worcester, and his resolution to sell it at the first opportunity. He rushed into the sitting-room, seized the cup and saucer, and smashed them. This resolution he adhered to with few exceptions.

"Posy, his child, had submitted, not without kickings and prickings, to strict discipline. Quinney from the child's birth had determined that the stream must rise higher than its source."

"Don't bother about me, daddy; I'm all right."

"By gum you are! That's why I bother. In my experience it's the right bits that get smashed."

"Quinneys" is an altogether delightful book, fresh, original, humorous. Its hero reminds us strongly of Mr. Wells' creations. For those of our readers who may have an interest in antiques there is a great deal of information. We have not for a long time read anything so good; in its style Quinneys is a masterpiece.

VERSES.

For who that leans on God's right arm
Was ever yet forsaken?
What righteous cause can suffer harm
If He its part has taken?
Though wild and lost, and dark the cloud,
Behind its folds His hand upholdeth
The calm sky of to-morrow!
Then let the selfish lip be dumb,
And hush the breath of sighing;
Before the joy of peace may come
The pans of purifying
God give us grace, each in his place.
To bear his lot and manner not;
Endure, and wait, and labour.

—J. Green & Wither.

WORD FOR THE WEEK.

My Daily Desire.

To awaken each morning with a smile brightening
my face; to greet the day with reverence
for the opportunities it contains; to approach
my work with a clean mind; to hold ever before
me, even in the doing of little things, the Ultimate
Purpose toward which I am working; to meet
men and women with laughter on my lips and
love in my heart; to be gentle and kind and
courteous through all the hours; to approach
the night with the weariness that ever woe
sleep and the joy that comes from work well
done—this is how I desire to waste wisely my
days.—Thomas Dreier.
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 HOPPING BEG.

To the Editor of The British Journal of Nursing.

Dear Madam,—I have to write a Hopping Beg! in the middle of the War. Yet the hopping is a splendid thing coming just now. It will take some 40,000 very poor away from London just exactly when the pinch is worst, occupy them, feed them, and send them back in three or four weeks far more fit to meet things.

There are no foreigners among hoppers (which is important considering how near we are to railway lines). Hopping camps are unruly places at times, and foreigners have taken a great deal of bread out of people’s mouths—in town. They are not wanted hopping, and they wisely never come.

But for all that it is good that workers are so well in all the hoppers in these days, and that we are all such friends. I hope we shall not have our marquees and tents commandeered but it would not matter. We can get on somehow, and the great thing in my opinion is that we are all real friends together and can stand by each other whatever comes.

Some of our very best workers are at the War, others are going. But others have stepped into their places. What we are going to do for money I don’t know. Yet in some ways this year hopping is far more important than ever.

At Stepney we are full of plans. The pinch has not come yet. People are perfectly splendid helping each other, and telling each other where there is a chance of work.

We are going to have dinners for work girls, cooked by themselves, let them work at hospital clothes and learn to sew and machine in the afternoon, have a cup of tea and 6d., and go home. So they will be able to come “up to town” in the morning, look for work, then be kept occupied in the afternoon and have their fare to get home and back the next day.

Our clubs, the Red House men and White House (which has many old soldiers) are drilling for “home work” steadily (some twenty have gone to the war), and I have the best authority for saying that in our circumstances, in a world of foreigners and among many anarchists, they may in time very possibly prove “uncommonly useful,” especially as we have a party of “Lords and Commons” sleeping on the White House floor every night and handy it wanted.

The L.C.C. are giving us Ambulance and Home Nursing Lectures, which will be at least useful in keeping people occupied.

The Red House, which can feed some thousands a day, is going to be useful.

The Blue House Girls come up in crowds every day into church to say prayers for their relations and sweethearts, and there are hundreds of these “dear ones” names on our “lists” in the church. One married “Blue Girl” in their club the other day said her husband had gone to Belgium as a motor driver. There were not enough motors, so he was given a gun and sent to fight. He sent a letter, and said, “If anything happens, tell baby when he grows up that father did his duty.” And there are endless stories of the same kind. Never in our life have we all been drawn so close together. I am glad with all my heart that we are all here. Pray for us that we may do our duty quietly and wisely. I don’t want to ask for money which is wanted elsewhere, for we want to “play the game.” But we do want money beyond words, and are already overdrawn! Even our workers are a big family to keep. Much must happen and so much want doing before I write again.

Believe me, very very gratefully for all your goodness to us,

Richard Wilson.

The Clergy House, St. Augustine’s, Stepney,

Settles Street, Commercial Road, E.

WHERE TO VOLUNTEER.

Nurses wishing to volunteer for active service must do so at the office of the British Red Cross Society, which is now established at Devonshire House, Piccadilly, W., by the kindness of the Duke of Devonshire, who has placed the whole of the ground floor at the disposal of the Committee, or through the St. John Ambulance Association, St. John’s Gate, Clerkenwell, E.C. Nurses engaged in hospitals or on the staffs of Private Nursing Institutions, or District Nursing Associations, should first get the assent of the Matron or Superintendent.

The Medical Department of the Admiralty state that many applications are made there by nurses of varying qualifications. The authorities are not in need of nurses, or desirous of enrolling them, and it is unlikely that their services will be utilized if offered there.

Applications for enrolment in the International Nursing Corps for Active Service in War, from three years’ certificated nurses, should be made at the Headquarters of the International Council of Nurses, 437, Oxford Street, London.

OUR PRIZE COMPETITIONS.

September 12th.—What do you understand by shock, and what can you do to combat it?

September 19th.—Why is milk an ideal food? Mention some ways in which it may be made more digestible.

September 26th.—What do you know of antisyphilitic vaccination and its preventive influence?
SYMPHYSIOTOMY.

Professor Frank, of Cologne, speaking in the Section of Gynaecology and Obstetrics at the Annual Meeting of the British Medical Association at Aberdeen, as reported in the Lancet, said that 100 years ago people tried by law to prohibit the operation of symphysiotomy as if it were an attempt to murder. To-day he thought that it was the most successful operation in the whole of midwifery and one that should be brought to the notice of every accoucheur, because it was so simple and free from danger. Nevertheless, the tendency appeared to be to regard it as more of a historical than of scientific importance. This opinion was almost universal, and had its basis in the unfavourable results which attended the older methods. As regards the original technique, the danger of severe haemorrhage, septic infection of a haematoma, or severe laceration of the tissues was a very real one, and even masters of their art like von Rosthorn were unable to avoid all deaths. Professor Frank observed that in the subcutaneous method devised by him these dangers were eliminated. He then proceeded to demonstrate his operation by means of diagrams. Haemorrhage was prevented by pulling the clitoris downwards from under the pubic arch by means of the left hand, whilst the actual division of the symphysis was performed with a bistoury. The second risk, infection, was obviated by the fact that the operation was completely subcutaneous. In fact, the external wound must not be larger than the breadth of the narrow knife, which was the only instrument employed. The speaker impressed on his hearers the fact that when the knife left the wound the operation must be entirely finished. The opening in the skin was immediately sutured with catgut, and a haematoma prevented by compression. If care was taken not to operate in cases of too great disproportion between the head and the pelvis, and to control the position of the legs before and after the incision, there need be no danger of lacerating the soft parts. Professor Frank had performed the operation in his clinic 155 times without mortality as a direct result of the technique. Two deaths which occurred in the series had nothing to do with the operation. One patient was infected with gonorrhea, and died on the eleventh day of the puerperium with a right pyosalpinx and gonococcal peritonitis. The second fatal case was admitted with severe nephritis, and died eleven days afterwards from uremia. No haematoma or any other complication was noted. The speaker noted as contraindications to the operation extreme narrowing of the conjugate and the absence of complete dilatation of the os. Pyrexia was no contraindication if it was desired to save the child. After division of the symphysis it was desirable as far as possible to leave the birth to nature. Statistics had shown most encouraging results in the diminution of fetal mortality. In the case of mothers who had already borne children, only 23 per cent., were live births. With symphysiotomy, on the other hand, the percentage of living children was raised to 94 per cent. Professor Frank, therefore, came to the following conclusions regarding the treatment of pelvic contraction:— (1) In cases with large disproportional classical Caesarean section was advised, if strict asepsis could be guaranteed. (2) If the asepsis was not in doubt, delivery by the suprasymphysial extraperitoneal route was advocated. (3) In moderate degrees of narrowing, suprasymphysial symphysiotomy was to be preferred in multipare. In primipare with a narrow vagina, suprasymphysial delivery was advised if there was any suspicion of infection. In "clean" cases, classical Caesarean section should be performed. (4) If the delivery to obstruction was only slight, symphysiotomy should be considered. With regard to suprasymphysial delivery, the speaker emphasised the fact that the uterus must be opened without injury. Should trauma occur, the wound must be carefully sutured. The suprasymphysial operation was undoubtedly more difficult than classical Caesarean section, but it could be performed when the latter was contraindicated. Professor Frank’s statistics included 100 cases, 52 being primipare and 48 multipare. Two patients died, one from puerperal sepsis, and the other from septic peritonitis, the result of a laceration in the peritoneum at operation. All the children were saved with the exception of four.

INFANTS AND INVALID FOODS.

The Allenburys’ Foods are general favourites with nurses and midwives, who need no testimony as to their value. They are supplied by Messrs. Allen & Hanburys, Plough Court, E.C.
MATERNITY BENEFIT AND THE
SALFORD BOARD OF GUARDIANS.

The Manchester correspondent of the British Medical Journal writes in that paper that ever since maternity benefit under the insurance act came into operation, the Salford Board of Guardians have found that a considerable number of women who are entitled to the benefit have applied for and had to be granted admission to the Union infirmary for their confinement and for several weeks afterwards. On their dismissal they obtained the benefit of 30s., and in some cases £3: and as the guardians had no right to demand any part of this, the women thus obtained at the expense of the ratepayers all they desired in the way of medical attention and board, and made a clear profit of the maternity benefit which was intended really to pay for the expenses incident to confinement. The guardians felt that this was hardly fair to the ratepayers, especially as some of the women in question were unwedded and had been in the infirmary several times before for the same purpose. The guardians accordingly wrote to the Commissioners, calling their attention to the matter, and asking that they should be empowered to recover part of the cost of maintenance in the infirmary out of the maternity benefit. The Commissioners have now replied to the effect that no payment on account of maternity benefit can be made while the mother is in hospital; that if the hospital is one that is supported out of public funds, the benefit must be applied in whole or in part for her dependants, if any, and that when she leaves the hospital she is entitled herself to receive the whole or such balance as remains of the benefit. The Commissioners conclude: "The right to this benefit is absolute, and the provisions of the National Insurance Acts do not enable the Commissioners to take action on the lines indicated in the resolution passed by the guardians." There can be no question that the attitude of the Commissioners is legally correct, and much can be urged in favour of the law as it stands when it applies to respectable or unfortunate women. But when it is applied to include unmarried women of bad character, who in many cases time after time thus impose on the ratepayers and afterwards spend the benefit in any way rather than for the purpose for which it was intended, it is impossible to deny that the guardians have some right to complain of the indiscriminate character of the law.

INFANT WELFARE CENTRES.

The Association of Infant Consultations and Schools for Mothers, 4, Tavistock Square, London, W.C., would be glad to hear of voluntary workers for infant welfare centres. There are schools for mothers in over 300 localities throughout the United Kingdom, and all require additional help now.

THE WIVES OF RESERVISTS.

Midwives who are interested in the scheme organized by Mrs. Bywater for helping the wives of reservists in their confinement, and who are willing to give their voluntary services, may obtain information concerning it by applying to her at 83, Thorp Road, Wallington, Surrey. It is only right that every care should be taken of the wives of those who are on active service.

AN UP-TO-DATE INFANTS' DEPARTMENT.

The new Children's Hospital at Los Angeles, California, of which a full description is given in The Modern Hospital, includes a very up-to-date infant ward. We read:—

"Almost one-half of the second floor has been arranged for an infant ward, with bathroom, milk laboratory, lavatories, and screened porch. In the infants' bathroom marble slabs have been built into the wall about three feet above the basin there is a flat micaed tank holding twenty gallons of water, with a thermometer on the face to indicate the temperature of the water. To this tank are attached the sprays, such as those used for shampoo. Fixed to the wall just above the marble slab there is an opalite shelf for the glass jars and bottles, containing everything for the care of the babies. When preparing to bathe a baby the nurse covers the slab with a white quilted pad, on which the baby is placed. It is then soaped with a liquid soap and sprayed with warm water. In this way all the danger of infection from tubs is obviated. After bathing, the baby is transferred to the warm surface afforded by the top of a blanket warmer built at table height, where it is weighed and dressed in warm, fresh clothing, which is taken from the warming oven as needed. The infants' bathroom is also equipped with a sink for the purpose of washing the nursing bottles after each feeding hour. These empty bottles are stored in drums which fit into a sterilizer placed horizontally through the wall between the infants' bathroom and the milk laboratory. The sterilizer is equipped with doors at each end. The bottles are put in, and the sterilizer closed and operated from the unsterile side. After a sufficient steam disinfection the sterilizer is opened from the milk room side and the sterile bottles filled with formulas prepared by the nurse or nurses especially assigned to this duty. The milk room is equipped with sterile water tank and sterilizer for warming the milk, and also a large refrigerator which contains the wire baskets or racks for the bottles. Each baby has a rack, with its name and number, and containing the required number of feedings for twenty-four hours."
EDITORIAL.

TERRITORIAL TOPICS.

The mobilization of the hospitals of the Territorial Force has brought to the fore a number of questions connected with the Territorial Force Nursing Service, concerning which a sheaf of letters are lying upon our editorial table. As they are of considerable public and professional importance we propose to discuss the more important.

1. The Uniform.—We have been circumstantially informed by members of the higher grades of the Service whose evidence is unimpeachable that it was impossible for them to obtain the material for their uniform because the existing supply was exhausted, and as the material came from abroad (they were informed from Germany) no more was procurable.

Nevertheless, this seemed so incredible that we made enquiries at the Army and Navy Stores, and were informed by a responsible official that such is the case, so far as the Stores are concerned; though the source of supply is France, not Germany. That the Vicereaux suiting is procured by the Stores from Roubaix, not far from Lille, and that it is impossible to get consignments through.

We believe we shall have the whole nation with us when we lay down, as a fundamental principle, that the uniform material worn by all branches of the Military Nursing Service should be of British manufacture, both because public money paid by the taxpayer should go to the support of British Labour, and because members of the Service when called up for duty should not be liable to be kept waiting indefinitely for uniform material impossible to secure from a foreign source, and even prevented, as some nurses have been, from going on duty without it.

2. Payment for Uniform.—The next point on which we have received numerous comments is the hardship entailed on nurses who, when called up for duty, have had to pay from five to eight pounds for their Territorial uniform. As one of the emoluments of Territorial nurses on embodiment is eight pounds uniform allowance, per annum, it is presumable that what they have expended will eventually be refunded to them. But, it is nevertheless a hardship that nurses should be required to advance this sum, as their modest salaries, in civil hospitals, do not admit of the sudden drain without great inconvenience. We are strongly of opinion that a small annual allowance should be made to members, when enrolled in the Territorial Force Nursing Service, for uniform, as they are required to wear it when appearing at public functions; and also that when required to provide themselves with additional uniform, when called up for active service, they should receive an order which will be honoured by the War Office, such as is given to members of the Army Nursing Service Reserve. The authorities in availing themselves of the skilled services of hundreds of nurses, should deal generously with these invaluable workers.

3. Our attention has been called by practical members of the Service to the fact that they are at all times required to wear the little cape of grey material bordered with red, which is its distinctive mark; that, in helping to prepare the buildings which have been converted into Territorial hospitals, they have worn these capes during the performance of such duties as sweeping down walls and other necessary cleaning; that when the patients begin to arrive, their attendance on surgical cases in these capes must be a source of danger; and that a cape which can easily be washed should be substituted.
Again on the white brassard, bearing a cloth red cross, which they are enjoined to wear continually, Turkey twill should be substituted for cloth.

Indeed it should be recognized as a fundamental principle of good nursing, that every article of clothing worn by a nurse in the ward, should be constructed of material which can be boiled. We base this opinion on aseptic principles, and commend these suggestions to the consideration of the Advisory Committee of the Territorial Force Nursing Service, which is primarily responsible for its efficiency.

OUR PRIZE COMPETITION.

WHAT DO YOU MEAN BY SHOCK AND WHAT CAN YOU DO TO COMBAT IT?

We have pleasure in awarding the prize this week to Miss C. Phyllis Armitage, All Saints Street, Nottingham.

PRIZE PAPER.

"Shock" has been rather aptly defined as "the result of a bleeding into a man's own vessels." It is the result of paralysis of the vaso-motor system, and to understand what shock is we must know what the vaso-motor system is.

The vaso-motor system controls the blood vessels of man. It has the power of increasing or decreasing the muscular contraction of the walls of the various blood vessels. It is stimulated by cold—thus is the cause of shivering. It becomes paralysed as the result of (a) mental stimulus—the sight of an accident, for instance; (b) pain; (c) irritation of the tissues.

When the vaso-motor system becomes paralysed it can no longer control the blood vessels, and they collapse. The biggest blood vessels are in the abdomen, and these then suck the blood from the blood vessels in the other parts of the body. Then we have most of the blood in the body concentrated in the abdomen, and we get the condition known as "shock."

Signs and Symptoms.—The signs and symptoms are very much the same as in internal hemorrhage: the skin becomes cold, white, and clammy on the withdrawal of blood; the temperature falls; the pulse-beats are quicker and thinner; the respirations are shallow; the face wears an anxious expression; the eyes are half shut, with the pupils distended. The patient is inert, and dislikes to be moved; he sees flashes of light before the eyes, and is conscious of curious tastes and smells, and of a ringing in the ears. There may also be nausea and vomiting.

Treatment.—The object of the treatment is to withdraw the surplus blood from the abdomen, and to distribute it again to the other parts of the body. First of all, warmth is applied to the patient, externally by means of hot-water bottles, &c.; internally by administering a hot drink of coffee or of beef tea. The patient must at once be placed in a recumbent position and placed in bed if possible. The foot of the bed must be raised and the pillows taken away, so as to promote a supply of blood to the brain centres. Plenty of fresh air is necessary, but draughts must be prevented by screens and otherwise. The patient is given a stimulant—brandy, sal volatile, or other administered hypodermically. A pad of wool, a cushion, or a pillow should be placed on the abdomen and bandaged tightly thereto. The limbs also should be bandaged, beginning at the extremities, and tightening the bandage the nearer it gets to the heart. The blood is replaced in the body as far as possible either by saline—administered hypodermically, intravenously, or per rectum—or by human blood. The latter is, of course, seldom used, as it is so difficult to obtain. Human blood only must be used, as if animals' blood were used it would clot when it came in contact with the patient's own blood. Certain drugs are given to stimulate the contraction of the blood vessels—adrenaline, or, better still, pituitary extract. Lastly, the heart is stimulated with strychnine or ather, but this must only be done after the other treatment has been tried.

Shock may be delayed for a shorter or longer period of time, especially in cases of great excitement, as on the field of battle. If it is attended with great restlessness, the condition is very grave. Care must be taken that the administration of stimulants is not carried too far, or harm may be done. Many doctors now think that morphia administered hypodermically is the best treatment. It is well to note here that hot-water bottles must be carefully covered—there should be at least a cover and a single blanket between the bottle and the patient—as in the condition of shock the patient's system is very low, and he may very easily be burnt.

HONOURABLE MENTION.

The following competitors are awarded honourable mention:—Miss Amy Phipps, Miss Alice Musto, Miss Dorothy Maton, Miss Margery Croll, Miss C. G. Cheatley, Miss U. M. Dodd, Miss Lucy C. Cooper, Miss Gladys Tatham, and Miss Doras Vine.
Miss Amy Phipps writes: "The symptoms include subnormal temperature, often below 98° F. Also, she says: "Where the condition of shock is anticipated everything possible should be done to place the patient in a recoverable condition to meet it; much depends upon the intelligent and prompt recognition of treatment of the first symptoms of shock. The amount of heat applied should not be sufficient to produce sweating."

Miss Musto says: "If a patient has any religious tendencies, suggest before operation that he should leave all his fears and difficulties in the hands of a Higher Power. The anesthetic should be given before the patient enters the theatre; to walk into the operating theatre and place himself on the table is a fruitful cause of shock."

Miss Oroll remarks: "Stimulant in the form of hot tea or coffee may be given unless where there is internal haemorrhage, as under such circumstances stimulant would only aggravate the bleeding. Where there is internal haemorrhage, and if it be located, cold cloths or an ice-bag placed over the part will help to arrest it. On temperature depends greatly how much the patient will be affected; thus it is often possible to lessen the risk by careful preparation. Calm the mind. Diet carefully—and cleanse the bowel."

Miss Cheatley writes on the giving of fluids: "Fluid can be given by itself or combined with stimulants. The most suitable fluid is normal saline solution—i.e., water containing a drachm of common salt to a pint—and it is most suitably administered by the rectum. A pint of saline fluid is warmed to a temperature of 100° F., and run into the rectum by means of a tube and funnel. The fluid is run in slowly, otherwise it will act as an enema and be returned. This injection may be repeated if necessary, and if the surgeon orders a stimulant, such as brandy, it may be mixed with the saline injection. Fluids may also be given by continuous subcutaneous infusion. The part usually chosen for the injection is the loose tissue on the inner side of the thighs, and the fluid is run in by syphoning. Intravenous infusion, or the injection of fluid directly into a vein, is another way of giving fluid. It is always done by the surgeon, and the nurse has only to get the apparatus ready. This consists of a sterilised cannula and two-way syringe with tubes, and six pints of normal saline fluid at a temperature of 115° F. The following instruments also should be sterilised: Scalpel, scissors, dissecting forceps, aneurysm needle, silk ligatures, and a bandage."

Miss Dodd suggests that in extreme cases a continuous subcutaneous infusion of saline may be given best by a special Thermos apparatus. This keeps the fluid at whatever temperature desired, about 115° F., for a number of hours, regulates the flow drop by drop, and measures the quantity injected."

Miss Cooper reminds us: "That hot mustard footbaths where practical, mustard leaves over the region of the heart, at the base of the brain, and over the abdomen are useful; so also massage of the limbs and body may be. Quiet and a subdued light should be maintained."

Miss Tatham says: "In shock due to burning by heat or chemicals, mental and physical causes combine. Fright will almost certainly be experienced, and the physical burn will damage the delicate nerve-centres. On the battlefield also the wounded frequently suffer from combined physical and mental shock, caused by the terrible scenes, the exhaustive excitement, and the disabling wound."

QUESTION FOR NEXT WEEK.

Why is milk an ideal food? Mention some ways in which it may be made more digestible.

INVALID KITCHENS.

The Invalid Kitchens of London were established four years ago to provide at a nominal cost nourishing food for persons suffering or emerging from illness who would otherwise be unable to procure it.

The necessities of the War have influenced the War Emergency Committee, of which Lord Devonport is chairman, to extend the usefulness of this institution, which owes much to the activities of Lady Muriel Paget, who is in attendance daily at headquarters. There are five kitchens in existence at Southwark, Bermondsey, Hoxton, Stepney, and Victoria Docks. The committee is anxious to start twenty more kitchens throughout London, and Lady Muriel Paget and her co-workers appeal for contributions in money or in kind. Gifts of furniture, kitchen utensils, crockery, glass, and kitchen tables will be specially welcome. Persons in the country who can give a weekly supply of garden produce are asked to communicate with the honorary secretary at 32, Victoria Street, S.W.

NURSES RECALLED.

News comes as we go to press, that the British Red Cross Committee has sent a representative to Brussels, to give English nurses, not commandeered by the Germans, the option of returning to England.
THE ORDER OF ST. JOHN OF JERUSALEM.

Now that so many trained nurses are going on active service under the auspices of the St. John Ambulance Association, and wearing its brassard bearing the distinctive eight-pointed cross of the Order of St. John of Jerusalem, it is well that nurses should be acquainted with the history of that Order, and know something of the wealth of devotion to the sick shown by members of the Order in whose steps they are following.

The Order was one of the most celebrated of those of Military Hospitallers “which for seven centuries held the attention of the civilized world, and even now rise before us in splendid and soul-stirring recollection,” for a full account of which we must refer our readers to the first volume of “A History of Nursing,” by Miss M. A. Nutting and Miss L. L. Dock, a work which should be in the possession of everyone intelligently interested in trained nursing.

To understand the origin of these Orders one must study the history of the Crusades which gave them birth. Many devout persons, women as well as men, in the Middle Ages thought time and labor well spent if they could at length visit the scenes of the Crucifixion, and the cave hollowed out in the rock where the body of their Divine Master was laid. The Empress Helena, the mother of the Emperor Constantine, was the first woman to accomplish this labour of love, and built a church at Jerusalem. Paula followed, who built a series of hospitals, that “no one need suffer for lack of shelter on the road where Mary the mother of Christ had no shelter but a stable.” But later, the Holy City became the scene of contention and warfare, until in the seventh century the Star of Islam held sway, and the pilgrimages of the faithful were attended with great dangers. “Their ill-treatment at the hands of the infidels, the miseries and indignities which they suffered, at length (about 1050 A.D.) led certain rich merchants of Amalfi to establish in Jerusalem two hospitals (one for each sex), under the protection of St. John the Almoner and St. Mary Magdalen. . . . The hospital of the Almoner was the cradle of the illustrious fraternity the Knights Hospitallers of St. John of Jerusalem, of Rhodes, and of Malta, who for seven centuries continued to be the sword and buckler of Christendom in the Paynim War, and whose achievements shed a long tract of splendour through time.”

The history of the Crusades led by Peter the Hermit and Godfrey de Bouillon is one to stir the pulses of all who read. When Godfrey was at length (in 1099) made King of Palestine, one of his first acts was to inspect the Hospital of St. John (no longer the Almoner, but the Baptist). “The admiration excited by the devotion of the brethren who were caring for the sick induced several crusaders of noble birth to lay aside their arms, and join them in their merciful work, and Godfrey was so grateful for the benefits which he and his crusaders had received that he endowed it richly with lordships and dependencies in various parts of Europe. His example was followed by other wealthy and powerful crusaders, and in a short time, we are told, the Hospitallers had the revenues of a great number of rich manors, both in Europe and Asia, at their command.”

At first the government of the hospital was secular, Peter Gerard, the administrator, having the title of Rector. A women’s branch was as old as the men’s, for their services in the care of the sick and wounded were necessary from the very first, and the sisterhood which served the hospital of St. Mary Magdalen had as their head a noble Roman lady named Agnes. They were not originally separated as nuns, but joined the knights at table and in church and by the couch of sickness, and attended strangers of their own sex. “Before the siege of Rhodes they wore a red robe with a black mantle, and afterwards all black. When the Order was first dispersed after the re-capture of Jerusalem by the infidels, it is not clear what became of the Sisters of St. John, but they were subsequently found in Spain, where they possessed valuable lands and buildings. They also reappeared during the thirteenth century in France, in the hospital of Beaulieu.”

When Jerusalem once more became tranquil, the Brethren and Sisters formed themselves into a religious Order dedicating themselves at the altar as the servants of the poor and of Christ, under the rule of St. Augustine. “The brotherhood assumed a regular habit: a black robe, having a white linen cross of eight points, symbolical of the eight Beatitudes, embroidered on the left breast—what we now call the Maltese-cross. Fuller, in describing their dress, said they wore on a black cloak the white cross of Jerusalem, which is a cross crossed, or five crosses together, in memory of our Saviour’s five wounds.”

Under the government of Raymond du Puy the Order became distinctly military in character—a body of warrior monks, who com-
hined the relief of the poor, the care of the sick, with the duties of the soldier, and it was during his administration that the rules of the hospital of St. John were definitely promulgated.

The hospital was now divided into three classes: first, the knights, men of patrician birth, who bore arms and monopolised the dignities of the Order; second, the priests, who attended to all religious duties in church, camp, and hospital; third, the serving brothers, or serjeus (half-knights), who served as they were needed. When not engaged in war the various duties of the hospital occupied the knights, and it is said that not even the heroes of Greece were more zealous than the knights of Palestine in healing the wounded soldier and pilgrim. The fame of these warrior monks soon filled all Christendom, and the youthful chivalry of Europe vied with each other in the wish to be enrolled under the White Cross banner. The banner of St. John was a white cross on a red field.

In accordance with the papal edict the black habit with the cowl and the white linen cross of eight points was at first worn by all hospitalers. At a later period the Knights of St. John were distinguished from the others by a white cross upon a red ground. During the solemn and impressive ceremonies with which a German merchant of Bremen. They wore over their black habit a white cloak, with a cross embroidered in black on the shoulder. They were divided into warriors, nurses, and spiritual brethren. (3) The Knights of St. Lazarus, according to some
historians the oldest of all the Orders of Hospitallers. The Order received as members not only knights who had shared in the wars of the Crusades, and who desired to devote themselves especially to the care of lepers, but also those who had been themselves stricken with the dread disease. There were two bodies of knights—the warriors and the hospitalers—and there were also Sisters of the Order. It was obligatory that the Grand Master should be a leper of noble birth, a rule only abrogated in 1253, by special permission of Pope Innocent IV, all lepers of noble birth having perished before the infidel.

The first Knights of St. Lazarus in Jerusalem were a plain cross on their mantle (of which the colour is not known), with four arms of equal length, somewhat flaring at the end. The French Lazarus cross was an eight-armed golden green or purplish red cross, with tiny golden lilies in the corner. The Italian insignia were white and green. The emblem of the Order of St. Lazarus has in recent times become the heritage of the German Nurses' Association. It is to the heritage of the associations of the Order of St. John that the nurses going out to care for the sick and wounded under its auspices are now succeeding, and, great as is their devotion, it can never exceed that of the Knights of St. John of Jerusalem, Rhodes, and Malta, who have preceded them. Their special contribution to the Order is the trained skill which, with all their devotion, the Knights and Sisters of the Order in the Middle Ages did not possess. We do not doubt that the white cross of the Order which they wear will stand as the symbol of all that is highest and best in nursing, the sign of skill, tenderness, and consolation, to those to whom it is their privilege to minister.

Several contingents of nurses have been sent to Antwerp and France since our last issue, and the greatest sympathy will be felt for those who were sent to Paris one day—but for some reason were compelled, presumably by the War Office, to return the next. Especially as the services of trained nurses are most urgently needed in France. It is heartrending to think of all the suffering which might be relieved, if the Red Cross Society had been ready for the present crisis, instead of organizing its trained nursing department after war was declared. Nurses who have seen the need in France have a very sad tale to tell. Quite frankly we had been one of that band—given the chance to relieve this terrible suffering one day, and deprived of it the next—we should have been "missing" when the roll for departure was called.

Many nurses unable to speak French are suffering disappointment, as the St. John Ambulance Association has intimated that those who have not this qualification are ineligible for active service abroad. There is no doubt that to be unable to understand the language militates enormously against the usefulness of nurses deputed to duty in foreign hospitals, and unless learned in youth it is most difficult to acquire.

Immediately the War broke out, a patriotic idea occurred to several of the members of the Association of Superintendents of Nursing Homes, i.e., that they should, through their chairman, Mrs. Stabb, offer one or more beds in each Home to the War Office for wounded officers.

Those members who were not away on their holidays, were approached on the matter and the suggestion was received with enthusiasm. Quite a number of beds have therefore been placed at the disposal of the War Office, and the offer has been accepted, though just at present the beds will not be needed. When they are, the British Red Cross Society will communicate with Mrs. Stabb, who will act on behalf of the Association, and be able to allocate patients where convenient.

Separate offers of single beds in different Homes could not have been so easily available at an hour's notice, so the Association has already proved its usefulness in a national crisis, and in a way little dreamt of when it was formed.

This is very encouraging to those who felt the need of organization in this branch of the nursing profession and worked to attain it. So much may be done through cooperation, which is not possible to attain in any other way. Army officers are seldom rich men, and this patriotic offer of Nursing Home Superintendents will, we know, be interpreted in the most generous manner.

Quotations from the diary of an English nurse in Brussels, kept since the hateful August roth, published in the Morning Post, gives a very graphic account of life there from day to day. Just one little item referring to the German
soldiers. She writes: "The only tale of their misdeeds I have heard made me rear much to the disgust of my informant. It seemed some of them were billeted with some 'very superior' people, who didn't give them enough to eat, so the soldiers took a call, killed it in the drawing-room, and stuffed its entrails into the piano!" War is war, but personally we do not find this nasty episode amusing. The wounded were streaming into Brussels on August 26th, the last her to the stake, should, after all these centuries, be helping to wipe out that stain by succouring the defenders of the land she loved, and for which she died imperishably.

Four wounded Army Sisters arrived at the Royal Herbert Hospital, Woolwich, on Monday, from the front, says the Daily Mail. One of them had been badly shot in the head while doing her duty in a field hospital.

"The Germans are dirty dogs," was the comment of a wounded Highlander as the Sisters were taken past him.

Some of the Red Cross hospitals have been right up in the fighting line, and many have been shelled.

"I think the greatest thing the British Empire has ever known is the way in which individual effort has classified itself usefully each to its own part while co-operating for the whole nation," said Sir Gilbert Parker recently in a stirring address at the headquarters of the Special Overseas Committee of the Royal Colonial Institute.

The occasion was the inaugural meeting for the overseas branch of the Daily Express Nursing Corps.

"We have here in our midst," added Sir Gilbert Parker, "representatives of our Empire from the utmost parts of the earth, and we can show to-day what we have always wanted to show—that in the day of Armageddon there would sweep a flood of faith, loyalty, and devotion over our people which would not rest until those were brought low who had attempted to bring us low."

Mr. Harry Brittain, chairman of the Special Overseas Committee, was in the chair, and he explained that the eagerness of women visitors from the Dominions to co-operate with their sisters in London in working for the great cause had given him the idea of putting them into direct contact with the Daily Express Nursing Corps.
DESpatched TO THE FRONT.

St. John Ambulance Association.

St. John Ambulance Association has during the past week held back its contingent of nurses for the front, as owing to the retreat of the Allied Forces the War Office is very disinclined to send to France more nurses at present. Nurses who can speak French and who are to be financed by the response to Mrs. Bed ford Fenwick's appeal, have been selected for foreign service. Besides the news received of Miss Cutter's party, the Association has heard of the sale of another party of nurses at Brussels.

The British Red Cross Society.

The British Red Cross Society has also a long waiting list of volunteers, and as their last contingent was held up at Châlons, it is thought wise to await events.

Church Army Hospital.

The first section of the Church Army Hospital has left for France. The party consisted of Lady Bagot, a hospital matron, five nursing sisters, Mr. Cruickshanks, four other medical officers, and a staff of orderlies. The party travelled by the yacht Medusa, lent by Mr. Farquhar. Mr. Farquhar's cousin, who takes his own motor-car as an auxiliary to assist the hospital organisation, was also on board. The Medusa conveyed not only the staff, but the entire hospital equipment.

British Field Hospital for Belgium.

Miss M. Theresa Bryan left London on Monday in charge of the British Field Hospital for Belgium. She has with her eighteen fully-trained nurses, twelve doctors (of whom four are women), and several dressers, and equipment for forty beds. The nurses will sleep under canvas. Mrs. Congreve, wife of General Congreve, who is a trained nurse, has gone out to help with the nursing.

Several ladies and gentlemen will accompany the expedition with their own motor cars, amongst whom are Mrs. Winterbottom, Mr. Sowers, and Mr. Curr-Gomm, Lord Glenesk's niece, Miss Borthwick, has lent her yacht for the use of the Hospital.

Two farmers' wives have gone with the Expedition, each taking a horse, and they are prepared to help with ambulance work, cooking, scrubbing, &c. Several motor-cars have been lent to the Hospital, and they are ready to be sent directly as they are required. A staff of women has gone out to do the washing, cooking, &c., all of which help is entirely voluntary, and many have had to be refused, also doctors and nurses, but they will go out later if required.

A telegram has been received by Lady Helena Adland-Hood, the Hon. Secretary, saying the party had arrived safely at Ostend. Lady Helena was not at liberty to say what was their final destination. Col. The Hon. Gorman (Hon. Treasurer) received a gift of £150 on Tuesday for a motor lorry for the Hospital.

Two Units for the French Red Cross.

The first unit of the above, headed by Dr. Herbert Bent, with three surgeons, twenty fully-trained nurses, several orderlies, and with complete outfit left London on Tuesday for the ambulance offered by the Marquis de Lappé, near Paris. All are giving voluntary service, and some paying their own passage. Most of the party speak French. The nurses are all from the large London hospitals. Posts have also been filled by women speaking French, with some knowledge of nursing, to do the cooking, scrubbing, and general work.

The second unit, headed by Madame de Longueil, of 6, Ovington Square, S.W., will leave on Saturday, 12th inst., for the Château of the Duchesse de la Molière Houdecourt, who has under her charge the already-mentioned fully-trained nurses: Miss Anna Hutchinson, London Hospital; Misses Base, Cox, Miles, Border, Crook, Mary Scott, and Campbell, of the Belgravia Nursing Home, Royal Avenue, Chelsea; Miss L. Barnes, and Miss de Briel, from St. George's Hospital; and a Swedish lady anaesthetist, Miss K. M. Hebigre.

These two complete hospital units are entirely composed of women, the doctors in charge being Dr. Garrett Anderson and Dr. Flora Murray. The drugs and general outfit are also in charge of women.

The Allied Forces Base Hospital.

This Hospital of 200 beds is to be erected in France with the approval of the War Office. The Duchess of Roxburgh is President, and Miss Elizabeth Richards, of the Duchess Nursing Home, Beaumont Street, London, has been appointed matron.

ON ACTIVE SERVICE.

Royal Sussex County Hospital.

The following Sisters and Nurses, holding the certificate of the Royal Sussex County Hospital, are now serving either at home or abroad.

Abroad.—Naval and Military Services.—Sister M. Turner, Nurses N. Holmes, M. Poole, L. Jeffrey, M. Gray, Maitland, and N. Hunt.

Nesta.—Sister M. Martin and Nurse P. Roberts.

Royal Herbert Hospital.—Nurses A. D. Baines and W. Linton.

Belgium.—Red Cross Sister H. A. Allen and Nurse E. Bent.


We regret that several items under this heading are unavoidably held over.
THE CARE OF THE WOUNDED.

Hundreds of wounded are brought every day to the main and are being distributed in Hospital, Convalescent Home, and Barracks. Nearly every day the King and Queen and other members of the Royal Family have visited them. On September 14th the King and Queen paid a visit to King Edward VII Hospital for Officers. The hospital was opened by Miss Redvers-West, who is the first to have received the Red Cross, and has been appointed Matron. The hospital has been established in new buildings in the former War Office and is under the control of the Belgian Red Cross Society.

The American Red Cross Society has chartered the Hamburg-America steamers Hamburg, which is conveying 200 nurses and surgeoins across the Atlantic. The steamer has been renamed the Red Cross, and will be manned by Americans.

The Russian Red Cross Society is sending women surgeons to the front.

APPOINTMENTS.

MATRON.

Bury Tuberculosis Dispensary, Miss Sharp has been appointed Matron. She was appointed Matron at the Hull Royal Infirmary, and has been Lady Superintendent, and Matron of Masoum Meer hospital, Ahmedabad.

Birmingham and Midland Eye Hospital, Birmingham. Miss Jessie M. Ethier has been appointed Matron. She was Matron at George Hospital, London, and has held appointments of Ward Sister and Night Superintendent. Since 1914 she has been Matron at the Royal Infirmary, Liverpool.

ASSISTANT MATRON.

Stirling District Asylum, Larbert. Miss Margaret Raine has been appointed Assistant Matron. She was trained at Roxborough District Asylum, and Stobhill Hospital, Glasgow.

West House, Royal Edinburgh Mental Hospital. Miss Jessie W. Johnstone, and Miss Johanna C. Forsyth have been appointed Assistant Matrons. Miss Johnstone was trained at the Eastern Hospital, Dundee, and has been Night and Holiday Sister at Home for Incurables, Glasgow, Dispensary Sister at Home for Incurables, with phthisis and cancer wards, and assistant at Waltham Isolation Hospital.

Miss Forsyth was trained at the Western Infirmary, Glasgow, and has had experience as a private nurse abroad, as Sister at Longmore Hospital, Edinburgh, and Eastern Hospital, Dundee. She is Night Superintendent, and Senior Assistant Matron, Glasgow Western Infirmary, and Matron of the George Street Nursing Home, Edinburgh.

SISTER IN CHARGE.

Union Infirmary, Hope, Pendleton. Miss Mary Jane Twam has been appointed Sister in Charge of the Female Incurables. She was trained at Salford Union Infirmary, and held the positions of Charge Nurse and Night Superintendent there.

SUPERINTENDENT NURSE.

Exeter Poor Law Infirmary. Miss Amy M. Phillips has been appointed Superintendent Nurse. She was trained at Grimsall Infirmary, Manchester, and has since been Sister at Fulham Infirmary, and at Finchley Green Infirmary, and Night Sister at Hillingdon Infirmary, Uxbridge.

NIGHT SISTER.

Bridge of Weir Consumption Hospital, near Glasgow. Miss I. Ironside has been appointed Night Sister. She was trained at the City Hospital, Aberdeen, and Stobhill Hospital, Glasgow, and has been Sister at the Eastern Hospital, Horniman, and at the Ladywell Sanatorium, Selhurst.

SISTER.

Devonshire Hospital, Buxton. Miss M. Kilman has been appointed Sister. She was trained at the Kettering General Hospital, and has been Staff
Nurse at the Isolation Hospital, Norwich, and at the Royal Victoria Hospital, Belfast.

The Infirmary, Dudley Road, Birmingham.—Miss Rebecca Draper has been appointed Sister. She was trained at Mill Road Infirmary, Liverpool, and has been Sister at Nottingham Midland Eye Hospital.

SCHOOL NURSE HEALTH VISITOR.

Kent Education Committee, and Northfleet Urban District Council.—Miss Marion Pelly has been appointed Health Visitor and School Nurse. She was trained at Brownlow Hill Infirmary, Liverpool, and has worked on the Private Staff of the Institute for Trained Nurses, Leicester, and has also held the position of Sister at the Ham Green Hospital, Bristol, of Matron at the Chitt House Diphtheria Hospital, Bristol, and of Health Visitor under the Chesterfield Co-operation.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.

Miss Mary E. Jones is appointed to Cumberland C.N.A. as Assistant Superintendent and Tuberculosis Nurse. Miss Jones received general training at Brownlow Hill Infirmary and district training at Walworth, and has since been Queen's Nurse at Towny and Llanidloes, School Nurse, Cumberland C.N.A. Miss Jones holds the certificate of the Central Midwives Board. Miss Hannah Newton is appointed to Sunderland as Assistant Superintendent. Miss Elizabeth Gore-Flickman to Riddylea as Senior Nurse. Miss Florence Browning to Exeter. Miss Jessie B. Douglas to Gotherington. Miss Nora Dyer to Southborough. Miss Julia C. Fraser to King's Lynn. Miss Elizabeth Jervis to Central St. Pancras, Miss Constance Kinnerey to Wetherby, Miss Mary A. Parkinson to Grantham. Miss Helen Titman to St. Olaves. Miss Edith Rowlands to Pavilions. Miss Blanche Randle to Newton Heath. Miss Irene D. Sampson to Sevenoaks. Miss Annie R. Street to Horbury. Miss Florence Wilkinson to Birmingham (Mosely Road).

A POPULAR NURSES' CLUB.

With characteristic kindness Miss B. M. Cave, head of the popular Nurses' Club at 56 and 57, Kensington Gardens Square, W., has, since the outbreak of the War, given special terms to all nurses waiting a call from the Army, Navy, or Territorial Nursing Service. There is ample accommodation, every comfort, and the tariff is exceptionally reasonable. This is a very popular club.

BOUNDLESS GENEROSITY.

The boundless generosity of all classes of the public continues. The Prince of Wales's Fund is running up its third million. The Red Cross Society has received upwards of £200,000, and the Queen's Work for Women Fund is over £30,000. Ultimately it is the long purse which wins—and apparently the British purse is fathomless.

NURSING ECHOES.

Queen Alexandra, President of the British Red Cross Society, has addressed the following letter to the chairman of each hospital throughout the United Kingdom which has sent nurses to assist in tending the wounded in response to her appeal:—

Marlborough House, Aug. 29, 1914.

To the Chairman.—It is my earnest desire to express, through your kind medium, my heartfelt thanks to the Matron of your hospital for the response made to our appeal for nurses during the present terrible war crisis. Pray also accept my grateful appreciation of the prompt and untiring trouble taken in selecting them and sending them out with the shortest possible delay to the seat of war. May God bless their efforts.—Alexandra.

The Ecclesall (Sheffield) Board of Guardians had before them recently a letter from the Yorkshire Poor Law Conference with reference to a scheme for the standardisation of the curriculum and of the examinations of Poor Law nurses, adopted at the Bridlington conference last June. The Guardians were asked to join a proposed Yorkshire Poor Law Nursing Board.

Mr. James Blossom moved that the suggestion be complied with. He said the higher they could make the standard of their officers the better, and the adoption of a standard for the whole country was a step in the right direction. He was sure the quality of the nurses would be improved. He hoped—that of this he was not certain—that the work of the Nursing Board would also bring about an increase in the number of applicants for the service. They, like other Boards in the county, had had some difficulty in getting nurses, and the quality had not always been of the very best.

The resolution was seconded by Mr. J. Macraurin and carried.

The principle underlying the demand for an educational standard for Poor Law Nurses is sound. Such an examination is conducted under the authority of the Scottish Local Government Board, but any such scheme should merely be temporary, until such time as the Nurses' Registration Bill becomes law, and thus the danger of dissociating nurses employed by Local Government Boards avoided. Nurses serving with devotion the poorest of our poor must enjoy such advantages of professional training as will qualify them to rank with the most efficient, and therefore the best
nurses. The contemptuous argument used by the leaders of the anti-Registration campaign that "hospital nurses will be classed with
infirmary nurses" if Registration is in force, is as ungenerous as it is ignorant. The fundamental principle of Registration, the definition of a standard of nursing education under legal safeguards, is for all nurses, and we regret to note that matrons of Poor Law Infirmaries, trained at what may be termed the Metropolitan monopolist nursing schools, have signed the London Hospital Protest against Registration.

Nursing is to be added to the domestic science course of the Cincinnati high schools. Arrangements have been made with the Cincinnati General Hospital whereby the junior and senior girls will be accepted as cooperative pupil nurses. In addition to learning how to attend and care for the sick, they will be given special instruction in the hospital kitchen on the preparation of food for patients.

The Helen C. Juilliard floating hospital of St. John's Guild, New York, entered her eighteenth year of service to the sick babies of the poor on July 6th. In addition to the cool salt-water breezes, the benefits of this floating hospital include care by doctors and nurses, the feeding of infants with food prepared on board and issued as required, milk furnished twice daily for other children, a warm dinner served at midday, medicated and salt-water baths for the babies, salt-water shower baths for the mothers and older children, and instruction to mothers in the care of their children.

The boat has a capacity of 1,200.

Agnes Freytag, 37, came to England from Germany in 1910, and from that year until May last was a nurse at the Roman Catholic Cripples' Home, Northwood, Middlesex. On Wednesday she called at the home for a box, which contained a revolver and 51 breech caps, but the Sister Superintendent refused to hand them over until she had communicated with the police.

The police arrived, and the nurse was then taken into custody on a charge of failing to register, for travelling more than five miles from her home without a permit, and for being in possession of firearms.

She was remanded at Highgate.

Every day one hears blood-curdling stories of German women, who have been in our midst for years, being in possession of suspicious papers and articles. We are a very trusting people.

THE NURSES' ASSOCIATION OF CHINA.
FIFTH ANNUAL CONFERENCE. SHANGHAI.
1914.

(Concluded from Pago 101.)

The Morning Session on 2nd July opened with a paper on "Midwifery Training for Chinese Nurses," read by Miss Hope Bell, of the London Mission Hospital, Hankow. Midwifery training inland is only possible at present at hospitals which have been long established, and where the nurses are well-known enough to be called out to normal cases. And only hospitals in large cities have a sufficiently large practice to be able to take pupil midwives. In country stations in too many places there is no foreign nurse, and the doctor in charge is only called out to abnormal cases, and those generally "in extremis" after native women have done their best, and their worst. In England, lying-in patients come into hospital for 10-14 days, but in China, if a woman can be persuaded to leave her home for the event, she must remain in hospital for a month, as her friends will not allow her to cross the threshold of her home for one month after the birth of her baby. The extra time in the ward, although it keeps out a fresh patient, yet is utilized in teaching her how to feed and bathe her baby, and how to generally care for it, and deal with its minor ailments. And above all, it gives longer opportunity for her to learn the story of Jesus and His love.

Miss Loader, of Foochow, gave a paper on "The Duties of a Matron in China." Our home hospitals are usually well staffed with sisters and nurses, who all have some share in the education of probationers, and where assistants are available to help with the administrative work, and with the laundry and store-room departments. But in China it is quite different. One foreign trained nurse is all the hospital can boast, except in a very few isolated instances. Thus it comes about that the whole of the teaching and training, plus the oversight of the departments and employees, has to be done with one pair of eyes and hands!! A paper followed by Miss Hood (Foochow), on the "Difficulties" which meet Matrons out here.

The Conference this year has been by far the best the Nurses' Association of China has ever had. It was more representative and more enthusiastic, and it will be more far-reaching in its results than any previous gathering. The Association is still in its childhood; we will not say infancy, but we look forward with steadfast hope to the day when we shall be affiliated to the International Council of Nurses, and when China will have fully trained and devoted nurses from end to end of her great Republic. "Tomorrow's strength will be very largely the heritage of to-day's patient striving."

E. H. B.

Perhaps the best paper of the Conference and, anyway, the most helpful for the Nurses' Association of China as a whole, was one by Miss E.
Chung (late of Guy's Hospital, London), and now Matron of the Government Hospital, Tsienjin, "How can the Nurses' Association help China?" was the subject. And Miss Chung, after a grateful appreciation of efforts made, gave us many useful suggestions for enlarging our courts and raising the standard of nursing; and thus by the means of helping China to a body of trained Chinese women to minister to the sick, the Association will have supplied one of China's sorest needs.

Various suggestions were made, such as—"Every trained nurse already in China being joined to the Association each province having its own branch"; "Arranging at each year to send a suitable girl to England or America for full training." In China, we fear for some years yet the training must be one-sided, for male nurses are essential in most of the men's hospitals; Chinese girls have not as yet taken up that side of nursing. Another point Miss Chung emphasized, and which most of us were grateful to her for doing so, was: "We nurses must keep up our ideals and standard of nursing, not lowering it, and not excusing ourselves by saying the Chinese do not appreciate it and will not like this or that. If they do not, we must educate them to appreciate the best. It is no good trying to help China unless we try to improve the standard of living. And we must remember it is not because they are Chinese that their standards are low, but because they have not seen better things. Then let us show them the better things. I beg each member — you who are giving your services so generously—do it with the spirit of true helpfulness, to treat the Chinese as human beings, to raise the standard of nursing, to raise the people to enjoy this standard; forget race differences, for are we not all Christians, brothers and sisters in Christ, whether they be Negroes, Chinese, Americans or English? If God makes no distinction, why should we? To quote a saying: 'Saints triumphant shall stand before me gathered in from every race.'"

"Let us, then, take pains not to lower the standard of the nursing profession. Indeed, I feel that the Association can be the means of raising it. And my one desire for us all is that our Association may be the means of really helping China, and helping her in the right way, for we can supply one of her greatest needs."

The members of the Nurses' Association of China are all fully-trained nurses, whether Chinese, English, American, or any other nationalist, working in China. The officers for the ensuing twelve months represent three nationalities, Chinese, American, and English. Thus, with their united efforts, they hope to bring the training schools for nurses in China to a high level; and by experience gained, hope to avoid many weak points that have hampered the profession in its onward course in other lands.

A. CLARK,
Gen. Sec. N.A.C.

**OUTSIDE THE GATES.**

**WOMEN.**

**OUR DEBT TO OUR DEFENDERS.**

Most of the women's clubs throughout the country are busy working for the Army in one way or another, and at the Lyceum in Piccadilly, upon the suggestion of Mrs. Smidley, a League for Help in time of War has been formed. As the Lyceum is neither of a group of international women's clubs its sympathies are very wide, but in addition to its international work the League has been specially formed at the suggestion of Mrs. Bedford Fenwick, to assist the Territorial Force Nursing Service Hospitals in London. During the past month a room has been set aside for work and the following ladies have been actively at work: Miss Smidley, general organiser; Miss Campbell Davidson and Miss Furmage, hon secretaries, with Miss Cameron and Miss Simpson as assistants; Mrs. Payne, treasurer, and Mrs. Graham assistant. These members, with Mrs. A. Berrill, Miss Davis, Mrs. Ferguson, Mrs. Clarence Rook, Mrs. Vigo, and Mrs. Henley White, constitute the committee.

Already a consignment of most useful garments have been forwarded to the Hon. Mrs. Charles Tufton, who is the hon secretary of the Special War Committee of the Service in London. We learn that the garments have met with approval, and that the felt slippers designed by Mrs. Arthur Berrill are especially appreciated; indeed the Matrons are charmed with them and want more.

The following articles are urgently needed in the majority of our Territorial Hospitals. Day shirt, socks, bed socks, pyjamas (preferably woolen), handkerchiefs, cushions and cushion covers, clothing for patients leaving hospitals, pipes, tobacco, matches (not to be placed in pockets), soap, stationery, flowers and plants, books, magazines, newspapers, puzzles, games, arm chairs, carrying chairs, chocolate and jam. Women should put themselves in touch with the Matrons of the General Hospitals of the Territorial Force and others where sailors and soldiers are admitted, which serve the district in which they live, and see that no reasonable want for the comfort and happiness of our sick sailors and soldiers remains ungratified. Imagine our debt—everything we value in life—we owe to them.

**WOMEN'S VOLUNTEER DEFENCE FORCE.**

The proposal to form a Women's Volunteer Defence Force made by Mrs. Haverfield is meeting with a good bit of criticism. We approve it. For one thing it may do something to disabuse the public mind that the only instrument a woman has a right to wield is a needle (or a hat pin)—not that we wish to depreciate the use of the nimble needle in any way, but considering that we have amongst us a generation of splendid athletic girls, many of them experts with club, bat, our and racket, fine horsewomen, champion
water ducks,” splendid pedantry, and adopts at last to its routine, why may we not have marksmen as well?

Anyhow the object of the Women’s Volunteer Defence Force is to prepare a body of women who would, it necessarily arise, be competent to act as a skilled and trained Defence Force with a knowledge of marksmanship and with some military training.

1. To organise, undercomplete, 4 instruction, regular drills every evening in the week.
2. To arrange and carry out route marches.
3. To provide a class of instruction in signalling.
4. To propose to form centres immediately in the various London districts and later on in the counties, where recruits can enrol and where the above training will be carried out.

A small sub-street fee of 1s. per head will be required to defray initial expenses.

Those desirous of enrolling and anxious for further details may apply to the Hon. Secretary, Women’s Volunteer Defence Force, Old Bedford College, York Place, Baker Street, London, W.

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BOOK OF THE WEEK.

"THE WALL OF PARTITION."

A fortnight before Christmas, Rodney Steele the writer arrived back in England after an absence of many years. He had mailed the final proof of his signed book by a shorter route before starting homeward. But there was an anonymous book of fiction, also the fruit of his brain, published at the same time, that of the two was in far greater demand.

The young salesman at the Charing Cross bookstall was all enthusiasm.

"The Great Divide, that’s the book for you, if you have not seen it already. Our boss says it’s worth all Mr. Steele’s stories put together."

"Who is Mr. Romer?" asked Rodney Steele slowly.

"Can’t say, sir," replied the youth. "I believe it’s a nom de plume, and I have heard that it’s a lady, but I doubt that."

Rodney Steele had years before been jilted by the woman he loved, and he had never made good his loss. His homecoming was unattended by the usual welcomes, and he was driven straight to his friend Billy’s flat, to spend a lonely but comfortable Christmas. Now Billy was the brother of Rodney’s faithless love, and that same love, recently widowed, was occupying the adjoining flat.

Poor Billy, having clumsily attempted to explain the position to Rodney had been sternly shut up. That chapter in his life was closed, and the information that Lady Hilary had not, as in his imaginations, far away in India with her husband and child, was free and close at hand, was not allowed to pass Billy’s lips. Madge.

*By Florence L. Barclay, Putnam’s Sons, London.

on the other hand, was in full possession of the facts, and begins an ingenious conversation over the telephone with the lover of her youth.

She begins by apologising for calling the wrong number. Rodney politely informs her with the one she requires. Next day she is very sorry, but she quite forgets the number she gave her. Rodney Steele falls woeful of the voice that familiarly reminds him of the past and yielding to loneliness he asks the "kind voice" to ring him up each evening at the same hour.

The rest is easily guessed at, and Rodney Steele and Madge resume the years that the bonds have eaten.

Billy’s wife Valeria affords a good deal of episode in this story. Billy is a healthy good-looking young fellow, with not too many brains and a good deal of money. Valeria married him solely for the latter asset. But Billy worshipped her blindly.

It was certainly unfortunate that Valeria should conceive the idea of intimating to her friends that she was the author of the anonymous work that was making such a sensation. She tells Rodney Steele with dramatic effect:

"I am Mrs. Romer, author of The Great Divide."

Steele walked over to the writing-table. "In that case, Lady Valeria," he said, "it will add to the exquisite humour of the situation if I show you the original manuscript of the book."

"It is an impudent forgery," she whispered. "I will expose it. How came you by the manuscript, and what right have you to require anything in the matter?"

"Merely this right," said Steele, "the manuscript is my own."

The unfortunate Valeria shortly afterwards burnt and disfigured her hands, of which she was inaccurately proud, and in consequence took an overdose of opium which ended a very foolish and unpleasant life.

This story is veritably a romance of the telephone and there is a good deal of "Hello, are you there?" in connexion with it.

Mrs. Barclay’s many admirers will without doubt welcome this her latest work.

H. H.

TO ARMS!

To the women’s part to sit and weep—
Such times are gone (if ever they have been)—
Though on their knees hard vigils they must keep.
Their souls unmingling to the summons keen.

Proudly they speed their men to face the foe,
Eyes shining up to eyes, one flaming thought
Filling their hearts . . . The morrow?

It must go,
With poverty or worse, it matters naught!
Let others quail who have no sons to give,
On whom no sacrifice its toll will lay.

Better to lose your best and loveless live
Than not to answer to the call to-day! . . .

With steady hands the bitter cup they drain—
And find Christ’s sweetness under all the pain.

LILIAN STREET.

The Observer.
LETTERS TO THE EDITOR.

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

NATIONAL RELIEF FUND.
Treasurer—H.R.H. The Prince of Wales.
York House.
St. James's Palace, S.W.
To the Editor of The British Journal of Nursing.

Dear Madam,—Many thanks for your generous acquisiteness to the suggestion made to you with regard to the Advertisement.

Yours faithfully,
C. Arthur Pearson,
Joint Secretary.

WHY NOT SKILL AND WISDOM?
To the Editor of The British Journal of Nursing.

Dear Madam,—The "Form of Intercession with Almighty God on behalf of His Majesty's Naval and Military Forces now Engaged in War" will be used by hundreds of thousands of people throughout the kingdom during the coming months, and if it is to be of real help to them, must voice their needs and aspirations.

May I point out how inadequate the petition for our trained nurses appears, not only to me but to others, who have spoken to me on the subject. Unless some alteration is made in it, it can only be used perfunctorily, whereas every nurse in the kingdom would welcome an opportunity for prayer in our public worship for those of their number who, at home and abroad, are caring for the sick and wounded.

Trained nurses are not lacking in either sympathy or patience, and I do not know that they are more in need of these virtues than any other class of the community.

What nurses themselves would probably say if asked what they need, however highly trained, and whatever length of experience they may have had, are skill to carry out, with the greatest amount of benefit to the sick and wounded, the treatment ordered by the medical staff, and wisdom to deal wisely with the many difficult problems connected with their patients with which they must be confronted. It is recognised that the doctors need skill and wisdom, why not the nurses also? Why should not both be included in the petition? If the doctors need skill and wisdom, so do the nurses. If the nurses need sympathy and patience, so do the doctors. But the latter virtues may, I think, be taken for granted.

I am, Dear Madam,
Yours faithfully,
F. F. X. S.

[The whole Form of Intercession appears to us very cold and lacking in spiritual force. We would pray that our nurses should bestow skill, tenderness, and consolation on the sick and dying soldier. The writer of the Prayers evidently presupposes that this great band of devoted women are devoid of the very virtues for which as a class they are renowned.—Ed.]

A HELPFUL SUGGESTION FROM THE NURSES' MISSIONARY LEAGUE.
To the Editor of The British Journal of Nursing.

Dear Madam,—May I suggest to the Matrons of Hospitals and Nursing Homes through the medium of The British Journal of Nursing, that the Nurses' Missionary League might be able to fill up gaps in their ranks, made by Sisters and Nurses who have gone to the Front.

There are Missionary Nurses who cannot return to their stations, and recruits who are temporarily kept back, who would be most willing to help their country in this way at this crisis.

It is hardly necessary to remind your readers that the condition of membership in the N.M.L. is full general training.

Very truly yours,
H. Y. Richardson,
Secretary.

Sloane Gardens House,
52. Lower Sloane Street, S.W.
[We advise Matrons to whom this offer commends itself to communicate with Miss Richardson at the above address.—Ed.]

Hospital St. Pierre,
Brussels.

To the Editor of The British Journal of Nursing.

Dear Editor,—We are all well, nursing the Germans mostly.

B. Cutler.

3rd September, 1914.

REPLIES TO CORRESPONDENTS.

Miss S. L. Cox.—Hope to use the article shortly.

C. T. C. (Hampstead).—Lessons in hospital cookery for Red Cross and Ambulance purposes are being held at the Northern Polytechnic Institute, Holloway Road, and elsewhere.

Sister S.—We fear it is useless for you to apply unless you speak French.

Matron.—We sympathise with you, but unless you intend to resign, think you had better make the best of the circumstances.

Miss A. T.—Apply for training; probationers are needed in many hospitals and infirmaries.

OUR PRIZE COMPETITIONS.

September 10th.—Why is milk an ideal food? Mention some ways in which it may be made more digestible.

September 26th.—What do you know of anti-typhoid vaccination and its preventive influence?
THE SCOPE AND FUNCTIONS OF SCHOOLS FOR MOTHERS.

Dr. Eric Pritchard, in the course of a paper on the above subject, read at the National Conference on Infant Mortality, at Liverpool, in July, said that experience gained at Chaînes de Lait and other institutions, where large numbers of infants have been constantly kept under skilled medical observation, has revealed some very curious facts. It has shown, for instance, that the successful management of infants, whether breast-fed or bottle-fed, depends on the observance of a few very simple rules and principles which can be easily taught by a good teacher to moderately intelligent mothers, and very easily followed out in the home, in spite of unfavourable social and hygienic conditions. The second prize in our recent Mothercraft Competition in London was carried off by a woman who was successfully bringing up a family of three on 11s. 6d. per week.

The late Professor Pierre Budin very clearly proved the truth of the statement that good management is the chief factor in his Clinique Tarnier, in Paris; and it has also been proved at the School for Mothers in Ghent with results which a friend of mine described the other day as being "too good to be true." To these latter results I shall return later, but for the moment, I would indicate briefly the simple principles on which the successful management of infants has been shown to depend. This knowledge has been arrived at by the collective evidence of a large number of Schools for Mothers in France, Belgium and England. If infants are breast-fed, the feedings must be given at absolutely regular intervals and at not too short intervals; the infants must not sleep in the same beds as their mothers, and they must not be fed more than once at night, preferably not at all. They must not be wrapped up in too many clothes, they must not have stiff bedlinen which impede movement, and when it is added that they must be regularly bathed, regularly aired, and regularly exercised, it may almost be claimed that all the canons of good mothercraft have been enumerated. It has clearly been proved that infants do not die because they do not receive enough food; they die because they are fed irregularly or too often, or because they are given too much. They do not die because they are exposed to cold and the inclemency of the weather; they die because they are kept too much indoors, with windows and doors too closely sealed; they die because they have too many clothes, not because they shiver in rags; they do not die because they are unloved and uncared for, they die because they are rocked and nursed and comforted too much; they die, in fact, for want of good mothercraft, and not because of poverty, starvation or bad sanitation. Infants will live and thrive in spite of poverty and bad sanitation, but they will not survive bad mothercraft; and this is the discovery that schools for mothers have made, and the secret of this huge fall in the mortality rate during the last ten years. This discovery, this knowledge has filtered down from expert sources to the lower levels of intelligence, and it has welled up from the springs below and permeated every social stratum. Today an infant has a better chance of survival if it is born in the most unsubstantial area of the East End of London than it had thirteen years ago in the healthiest and most favoured parts of Hampstead; and I maintain that this extraordinary result has been mainly secured by the spread of a knowledge of mothercraft through the agency of the Public Health Service, through the research and propaganda work of Schools for Mothers, and through the ordinary channels of personal communication.

It has now become the fashion to take an intelligent interest in matters of health generally, but in knowledge which relates to the health of babies I notice the most extraordinary improvement of recent years. Fathers, as well as mothers, now often make quite a study of the subject, and what with the active missionary work of whole armies of health workers, official as well as voluntary, and the educational influence of School Care Committees, enlightened knowledge on these subjects is spreading through the land like a fierce and living contagion. The most active foci of infection are undoubtedly those little belches of industry which are known as Infant Consultations or Schools for Mothers. Here congregate together all those who take the keenest interest in infant welfare work, doctors, nurses, mothers, daughters, and sometimes fathers; and here pass in review before the eyes of intelligent observation all the phases of health, development and disease. To my mind it is impossible to over-estimate the value of such object lessons. In the old days of darkness and ignorance, women were counted authorities in baby management if they had had a tolerably large experience in their own families. We know how misleading these narrow experiences can be, we know that infants will occasionally survive the most monstrous mismanagement, and that owing to the accidental success of certain dangerous practices similar methods have been extended to other infants at the peril of their lives. At Infant Consultations visitors can see not individual infants, but scores of infants treated in accordance with various methods, and they can observe the results and draw their own conclusions. For this reason I regard it as important that the medical direction of these institutions should be in the best and most skilful hands. Budin said an Infant Consulta-
tion was as good as the man who conducts it. It is, therefore, a matter for congratulation that there is a distinct tendency for the more highly qualified practitioner to take up this class of work. In London, and in some of the larger provincial towns, the same class of men or women who hold hospital appointments are giving their services to this new work, and certainly with no loss of dignity to themselves, for it is becoming more and more recognised that preventive medicine is one of the highest and worthiest branches of our profession.

To indicate how a change of methods can influence the mortality and morbidity rate among the infants on whom they are practised, I would give the following examples. In the year 1891, before the Nathan-Strass Pasteurizing Milk Stations were opened in the old city of New York, the deaths from epidemic diarrhoea among children under 5 years of age were at the rate of 125 per 1,000 for the three months, June, July, and August. From the year of their institution until the present time the rate has been steadily falling, until last year it was reduced to the highly creditable figure of 38.

It is not claimed that other factors are not concerned in this result, as, for instance, the more exact measurement of the milk supplied to infants which the Nathan-Strass system involves; but there can be no question but that the main factor has been the supply of clean, safe milk, instead of the highly dangerous and foul milk which was previously distributed in this quarter of New York during the summer months. Experience has proved that the precaution of sterilizing milk in the home with the same purpose in view has similarly been instrumental in decreasing the number of cases of diarrhoea in the hot weather: and to teach how this can be done efficiently is one of the functions of a school for mothers. Again, Dr. G. Variot, who has had a very wide experience in the medical supervision of a large number of infants at his Gouttes de Lait, Delville, Paris, has been able to show that if sufficient care be taken in the management of artificial feeding the condition of nutrition at the twelfth month is not necessarily inferior to that of breast-fed infants.

Now to return to the experiences of the School for Mothers at Ghent which were characterised by my friend as being "too good to be true." I give them on the authority of Professor Porcher, of Lyons. In 1901 the death-rate of the infants attending at the Consultations was 260 per 1,000, a most appalling figure. Two years later, in 1903, sterilized milk was substituted for so-called fresh milk in the artificial feeding of those infants who were not breast-fed, and the death-rate fell to 140 per 1,000. In 1907 a system of domiciliary visiting was inaugurated, and the rate fell to 60 per 1,000. In 1908 dried milk was substituted for sterilized milk, and the rate fell to 34 per 1,000.

In consideration of the excellent results claimed for dried milk, I may add that my own experience fully bears out the Ghent results. Since I have employed dried milk in the artificial feeding of infants, epidemic diarrhoea has had no terrors for me, as far as the artificially fed infants attending at my Infant Consultation are concerned. Even in the year 1911, which, owing to the heat, was so fatal to infants, I had no serious and only one or two slight, cases of summer diarrhoea among all the artificially fed infants attending my clinic.

Those experiences, though by no means conclusive, seem to me to point out that among the many simple requirements for good mothercraft, the adoption of a good method of artificial feeding is one of the most important.

**WAR ECONOMIES.**

With a continuance of war, increasing poverty and privation amongst the cottage class are inevitable, and this will affect the quality of the still unborn generation ultimately to replace our finest and best who are now falling at the front.

District nurses and midwives have unequaled opportunities for teaching the wisest and cheapest methods of feeding to this class. The commonest avenue of waste is that of white bread. Personal experience proves that one slice of wholemeal bread is more satisfying than three of white bread. In eating white bread, the expectant mother is deprived of the mineral salts which are all-important in the bone and teeth development of the coming child. In wholemeal, she obtains these salts, iron and phosphorus, abundant proteids, starches and fats. It also contains small quantities of a ferment which aids digestion, whereas white bread which is chiefly starch is difficult of digestion.

A very cheap and nourishing meal for a family may be made by boiling a halfpenny worth of bones in a gallon of water with a handful of rice or barley; any vegetables available; and wholemeal dumplings, mixed with baking powder and cold water. Any meat bought should be stewed, never roasted or fried.

Another universal waste in the South of England lies in peeling potatoes before boiling. These should always be boiled in their skins, as the most valuable properties of the potato lie immediately beneath the skin.

Oatmeal and maize, and meal porridge are valuable foods and should replace much of the rubbish eaten by the poor.

**HEALTH MISSIONER.**

**PRACTICAL HELP.**

Queen Charlotte’s Hospital, Marylebone Road, N.W., has undertaken to receive for their confinements any women amongst the Belgian Refugees.

This is a most practical offer of help. Let us hope some "fine boys" will arrive. They will be needed by that sad country in times to come.
EDITORIAL.

HONOUR.

"Had I stood aside... I should have sacrificed My honour and given to destruction the liberties of My Empire and of Mankind."

The message addressed by the King to the Governments and Peoples of his self-governing Dominions, will have been read by thousands of nurses Overseas, and it is well that we, the Nurses of the United Kingdom, should take to heart its great lesson—in the following solemn words:

"During the past few weeks, the peoples of My whole Empire at Home and Overseas have moved with one mind and purpose to confront and overthrow an unparalleled assault upon the continuity of civilization and the peace of mankind.

"The calamitous conflict is not of My seeking. My voice has been cast throughout on the side of peace. My Ministers earnestly strove to allay the causes of strife and to appease differences with which My Empire was not concerned. Had I stood aside when, in defiance of pledges to which My Kingdom was a party, the soil of Belgium was violated and her cities laid desolate, when the very life of the French nation was threatened with extinction, I should have sacrificed My honour and given to destruction the liberties of My Empire and of mankind. I rejoice that every part of the Empire is with me in this decision.

"Paramount regard for treaty faith and the pledged word of rulers and peoples is the common heritage of Great Britain and of the Empire."

Honour, a word so pregnant with meaning, and at this time so reminiscent of tragedy, is supposed to govern the moral lives of all individuals, all classes, and all Nations of a civilized world. We could not well conceive of a state of social life without a code of honour to direct it. Be the code written or unwritten, it should remain sacredly inviolable. A sense of honour is a sense of truth and justice, and there is no profession upon which its laws are more binding than upon the profession of nursing, as its members come into such close touch with all the sorrows and secrets of mankind. The results of infringement of the sacred law of honour can be, and often are, disastrous; always disastrous to the character of the nurse, and may be without rectification to the individual, or cause.

A very solemn thought possesses the minds of all of us at this time of crisis, namely, that what we should have considered an almost impossible disaster has happened, because one nation has broken its word, violated its honour, and trampled on a Treaty which it swore to keep. Neither weakness nor thoughtlessness can be pleaded as an excuse. This nation acknowledges the pledges, yet—holds honour in so little esteem, that with fire and sword it consumes it utterly.

Thus the revered token of a solemn Treaty becomes "a scrap of paper," and the term "neutrality" which signifies an honourable peace, and upon which the awful calamity hangs—"a mere word."

In this solemn hour the King bids us take this thought to our comfort. We are at war, but for no ignoble motive.

We are at war to defend our very precious heritage of honour and the liberties of mankind, and we nurses, with the Empire at large, stand with our King in his paramount regard for treaty faith in things both great and small.

Of the valour and the heroism of our troops, who can tell of their splendour and their glory? Have they not proved themselves the very Soul of Honour?
OUR PRIZE COMPETITION.

WHY IS MILK AN IDEAL FOOD? MENTION SOME WAYS IN WHICH IT MAY BE MADE MORE DIGESTIBLE.

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gilmore Place, Edinburgh.

PRIZE PAPER.

Milk contains all the proximate principles necessary for the nourishment of the tissues, having about 4 per cent. of proteins in the form of casein; 4.5 per cent. of carbohydrates in the form of milk sugar, and 3.5 per cent. of fat and salts in solution. By consuming several pints of milk per day one would have about the proper amount of each element essential for the maintenance of the body, though this, of course, is an impracticable diet for adults in active work and health. Life, moreover, can be sustained longer on milk alone than on any other single article of food. It is further accepted as the ideal food for the infant and growing child, and is an indispensable food in sickness and weakness from malnutrition, whether taken as whole milk, or in a modified form. Good whole milk should contain not less than 3 per cent. of butter fat, and 8.5 per cent. of solids not fat.

Skimmed milk is simply milk from which the cream has been removed after it has stood some hours.

Separated milk is milk from which the cream has been removed in a machine called a cream separator. Almost the whole of the cream is separated from the milk by this method, and in this respect separated milk differs from skimmed milk in which only the cream which rises is removed. Fat in creams ranges from 25 to 40 per cent. Amongst various forms in which milk is now frequently used are—Preserved milk, sold in air-tight tins. It is condensed by the process of removing water by evaporation. Two kinds are ordinarily sold: that sweetened by cane sugar, and the unsweetened. "Condensed" milk is taken to mean whole milk deprived of a proportion of its water only, but the cheap kinds of tinned milk are usually made from skimmed milk, and are thus not suitable for the purpose of nourishment, especially in the case of infants, as there is not nearly enough cream in them. The proteid matter constituting the curd of milk is not easily digested by infants and those in a weak state of health from disease, and to modify the proteid constituents some form of diluent may be used, and by doing this the quantity of fat is also lessened. Plain sterile "boiled" water, lime or barley water are commonly used, thus making the milk "lighter" and preventing the formation of a tense tough clot. Lime water lessens the acidity. Soda and potash water in syphons are a convenient method for the same purpose for adults. Milk may be peptonized or pre-digested by a peptogenie milk powder being added to the required quantity of modified milk, usually equal parts of milk and water being employed, the milk mixture being varied to suit the invalid's condition regarding digestion in stomach or bowels.

Milk may be separated into curds and whey, by means of rennet, in the proportion of 1 dram to a pint of milk. Whey contains lactalbumin, sugar of milk, and a very small amount of casein and fat, the latter being left in the mass of curd. Whey will often be retained when more nutritive food is persistently rejected, more fat being taken from the curd when desired by beating the clot and allowing it to strain through into the whey. Wine whey, lemon whey, and cream wine whey are all good preparations, the milk, after curdling by the agent used, being strained through muslin.

Albulactin, a powder sold in tins, is a valuable digestive preparation, being especially successful in the case of delicate infants artificially fed. Glaxo, an unadulterated form of dried milk, is a good and useful form when travelling about, or when fresh cow's milk cannot be readily obtained.

In comparison with cow's milk, that of the ass and goat have a smaller percentage of proteid matter, but the latter has a larger percentage of fat. They occasionally prove more suitable to both infants and invalids.

HONOURABLE MENTION.

The following competitors are awarded honourable mention:—Miss E. F. Mason, Miss T. Connings, Miss Dora Vine, Miss A. Musto, Miss A. M. Solly.

QUESTION FOR NEXT WEEK

What do you know of anti-typhoid vaccination and its preventive influence?

WHAT IS STERILE MILK?

In reply to the above question, the following reply is given in The Modern Hospital:

Pasteurization destroys most of the micro-organisms in milk, and is supposed to destroy all those that are harmful, but it does so at the lowest temperature that will perform the work. Generally about 130° F. for twenty minutes is the temperature and time used. Nearly always there are some micro-organisms, more espe-
cially the lactic acid bacteria, left alive at the end of pasteurization. The physiological character of the milk—that is, the albumin and casein—is not changed in pasteurization.

In sterilization, on the other hand, every live organism—the bacteria, cocci, yeasts, fungoids, and parasites—are all destroyed; the physiological character of the milk is changed by coagulation of the albumins and the fixing of the caseins. Milk in this form, it may be readily understood, is not desirable as a food for children, sick with gastro-intestinal diseases, and, when sterile milk is used for feeding, the coagulated albumins and the fixed caseins are usually broken up by the employment of some such agent as a rennet ferment. The milk in the presence of a small quantity of this rennet ferment is kept at a temperature of say, 120° for about an hour. At the end of this time the milk has undergone a splitting-up process that makes it almost a predigested food, and oftentimes sick children that can take no other food whatever will thrive on these formula mixtures for several days while their stomachs are resting and recovering from the inflammatory conditions.

This question of sterilization and pasteurization is not a settled problem by any means. Some of the ablest physiological minds in the world are still perplexed about it, and the physiologists are not agreed. I think the most enthusiastic advocates of pasteurized milk claim only that it is better than bad raw milk.

JOHN A. HORNBY.

A NEW METHOD OF STERILIZING MILK.

While pasteurization effectually destroys germs in milk, it somewhat modifies both the properties and the flavour. A new process invented by Dr. Lobeck, of Leipsic, is said to be free from these objection. Pasteurization consists in heating the milk to a temperature of from 144° to 149° F. The new method consists of a more sudden heating to about 135° F., followed by an immediate cooling, the theory being that harmful bacteria are instantly destroyed by the right temperature, while a change in the flavour and other qualities of the milk requires longer time to effect.

The need for care as to a safe milk supply is emphasised by Professor Milton J. Rosenau, of the Harvard Medical School, who says that "one of the greatest tragedies for the sanitarian is to see disease and death follow the trail of infected milk into households that are otherwise in prime sanitary condition."

SEPSIS—WHAT IT IS, AND HOW TO AVOID IT.

A septic condition implies the invasion of living tissue by living micro-organisms, which grow and increase at the expense of their host. It is necessary to clearly understand that without the introduction of such micro-organisms, inflammation and a septic condition cannot occur. Certain diseases are characterised as infectious, which implies that their specific micro-organisms are discharged from the body of their host, either in the excreta, secretions; or desquamated particles of the skin. As an example of each we may mention: Typhoid (the excreta are full of the bacillus typhosus); diphtheria (the secretion of the throat and nose will be found to contain the Klebs-Löffler, or specific diphtheria bacillus); scarlet fever (the dried particles of the skin in this disease disseminate the streptococcus scarlatin).<ref>

Others—e.g., syphilis and ringworm—require close contact before their specific microbes attack a second host, and are known as contagious diseases.

Others, again, can only be acquired or transmitted by inoculation, and are known as infective diseases, of which malaria is an example.

Some parasites produce more toxin (poison) than others. There is, for example, a wide difference in the toxicity of the diphtheria bacillus, which causes a virulent general intoxication, and the specific organism of ringworm, which merely causes a local infection.

Experiments have shown that micro-organisms are invariably present in pus, and in the various lesions, or even in the bloodstream, of a patient suffering from any septic disease. The chief of these organisms are various micrococci and streptococci. Wounds which are made with sterile instruments and kept under aseptic conditions from start to finish do not suppurate, and contain no septic organisms. It is considered a disgrace for an artificial wound—e.g., the abdominal incision of a Caesarian section—to suppurate, because such suppuration will show that the surgeon's or nurse's aseptic technique was faulty. In the days before aseptic midwifery was heard of, childbirth was a terribly dangerous ordeal. Tremendous numbers of women died from what was called "puerperal fever," a septic condition which was then regarded as an almost natural complication of parturition. We know now that it is caused by the entrance of micro-

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organisms from without, and we can classify
the various forms of this infection. The most
serious form is septicaemia, or general septic
infection. In this disease micro-organisms
(usually streptococci) are present not only in
the local wounds, the placental site, but also
in the general circulation, and the patient has
high fever, rigors, vomiting, and diarrhoea.
Sapraemia is somewhat less dangerous, but
if severe is often fatal. It is a state of septic
intoxication, caused by the absorption into
the system of toxins produced by micro-organisms
present in the uterus or vagina. The organisms
live and increase on decomposed material—
e.g., a piece of placenta, or membrane, which
has been retained—or in the slough of a
vaginal tear, the tissue of which has become
rotten and pus-bearing.

By clearing away these products of decom-
position and keeping the passage, or uterus,
clean, by suitable antiseptic douches, the
symptoms generally abate.

Ptyaemia arises from micro-organisms,
usually streptococci, spreading from the uterus
into the general circulation, and the localisa-
tion of these microbes in abscesses occurring
on various parts of the body. Watson Cheyne
describes the usual course of ptyaemic infection
as starting with (a) phlebitis; (b) a thrombus,
or clot, impregnated with septic organisms,
becomes formed in the vein; (c) this softens
and breaks down, with the result that particles,
or emboli, are carried to distant parts;
(d) these lodge in the capillaries, with the result
that abscesses are formed. Should one of these
emboli be carried by the blood-stream into the
pulmonary circulation, sudden death from
asphyxia almost invariably results. Hence
the danger of allowing a patient with phlebitis
to move about, and thereby risk dislodging the
clot before it has become absorbed.

We see, then, that inflammation and sup-
puration are preventable conditions to a certain
extent. A surgical wound should never become
inflamed, and there should be no septic post-
partum fever in a normal patient. In patients
suffering from severe genitourinary, septicaemia
is always liable to arise after parturition, but
these are exceptional cases.

Where, then, do we find these micro-
organisms which are always ready to gain
entrance to wounds? They are literally every-
where! On our skin, on our sheets and bed-
ding, floating as dust in the air, sticking to
the feet of flies and other insects, in dust, and
in unprotected or impure food, &c.

An invading army always waiting to break
down our defences and take possession of our
citadel! But fortunately the animal body has
also been provided with an army to protect the
animal against these persistent invaders. In
the blood of a healthy normal person are found
erthrocytes, or red cells, and leucocytes, or
white cells.

For our present purpose we can ignore the
red cells (though they are the producers of
antibodies which help to neutralise the invading
microbes), but the white cells play a con-
spicious part in the conflict by actually de-
molishing the micro-organisms! The leuco-
cytes which act in this manner are known as
phagocytes, and the process is called phago-
cytosis. The leucocytes congregate at the spot
where the invading micro-organisms have
entered and settled, and surround the invaders,
which they ingest and destroy. This is what
happens in a healthy person, but if the patient
is weak, or if her power of resistance to infec-
tion is low—e.g., as in childbirth—these leuco-
cytes become weak, and will be easily over-
powered by the invading germs. Suppuration,
and probably general sepsis, will result. Before
the days of Pasteur, Lister, and Metchnikoff,
these facts were not understood, and terrible
gangrenes, crysipelas, and other septic dis-
cases devastated our sick rooms and hospitals.

Now we do our best to prevent any micro-
organisms entering our wounds, and the way
in which we do this is to treat our cases asep-
tically and antiseptically.

Asepsis = without poison, from the Greek
particle a = without, and sepsis = poison.

Antisepsis = against poison.

In a surgical case, we sterilise all the instru-
ments, by boiling when possible; otherwise,
as in the case of scalpels or delicate cutting
instruments, we immerse them in an efficient
disinfectant. The operating table is cleaned
with disinfectant, and covered with sterile
coverings and waterproofs. The surgeon and
nurse wear sterilised caps, gowns, shoes, and
boiled rubber gloves. The skin of the patient
is rendered as nearly sterile as possible, and all
parts except the operation area are covered
with sterile towels, &c. Dressings and lotions
are, of course, sterile also. In this way a
wound is kept practically free from contamina-
tion from without. In a midwifery case the
patient should be treated as far as possible as
a surgical case, and strict asepsis pursued.
Silence, as far as practical, should be a rule
during all operations, particularly if no mask
is worn.

Antiseptics are used as dressings, douches,
applications, &c. They hinder the growth of
germs, but do not kill them. Certain anti-
sепtics may be used in such strength that they
kill germs—are disinfectants, in fact. A solu-
tion of bineiodide of mercury may be used as a disinfectant at strengths of 1:500 to 1:2,000. But in weaker solutions, say 1:5,000, it becomes only an antiseptic. The spores, or seeds, of the various micro-organisms are far more difficult to kill than the adult germs.

Sepsis can best be prevented by cleanliness and attention to hygiene in the daily life; by building up the strength of the body so as to increase its resistance to infection; by strict attention to the aseptic principle in all cases dealing with wounds; by burning or effectively disinfecting all material e.g., sputum—known to contain micro-organisms.

The nurse has a great work before her in "preventative medicine." She must be a

power for health and clean living from one end of the country to the other. But unless she is deeply imbued with the necessity of cleanliness, and unless she has been thoroughly taught the right methods of working, she must fail.

This is one of the great reasons for the organisation and registration of the nursing profession, an efficient and liberal education in the practice and theory of nursing, and sufficient disciplinary powers given to a central and representative committee to suspend unworthy or offending members. Until such powers are granted to nurses their profession cannot be so great a power for usefulness as its members earnestly desire.

Gladys Tatham.

NURSING AND THE WAR.

DISCIPLINE MUST BE MAINTAINED.

We wonder if nurses called on for duty in Territorial Hospitals realise their new military role, and must therefore be good in all respects, the first thing for the Territorial Force Nursing Service has been to build up cannot be expected to work without high standards. We hope, therefore, that women's will feel assured that it is not because we do not sympathise with their difficulties that their letters are not published, but because we feel strongly that good discipline must be maintained, and that the best means of maintaining it is to take all difficulties and complaints (as few as these as possible) to the Matron in charge of the institution in which they are working.

If not carefully arranged, the grading of the Nursing Staff may produce friction—and we own that it is not easy for women who have held authority as sister or matron, not to do "Pro's work" under the direction of others with less experience, unless these others are women possessing exceptional capacity, tact, and discretion. "Pro's work" must be done, and the best way to get over the difficulty is to make each staff do her own.

Then, again, where medical students are on duty as orderlies, we presume they are there as male nurses and not as female nurses, and not expect to be waited on by female nurses, who are not there for that purpose.

We continue to receive a large number of letters from probationers and trained nurses and a few from Matrons on the question of admitting Red Cross workers into hospital wards and the operating theatre for short terms of "experience," prior to being granted certificates as Red Cross Nurses. Great pressure has been brought on hospital matrons, many of whom strongly disapprove of the system, to have such workers admitted, in some instances to "see operations and help with the dressings in the wards." Those who decline to receive such pupils incur the displeasure of the medical staff—and especially
of the Committee who wish to propitiate influential women in the district. Very few young women of this class wish to enter hospitals for thorough training. They are quite content with the veriest smattering of knowledge—the nurses’ uniform and red cross badge, and the sentimental excitement of “nursing the wounded.”

Personally, we disapprove of encouraging women of every age and temperament to rush at nursing in time of war. With efficient organization in time of peace, there is absolutely no necessity to hand over our sick and wounded soldiers to amateurs. This has been demonstrated lately in the mobilization of the Navy and Army Nursing Reserves, and the Territorial Force Nursing Service, and the highly-trained volunteers who can be called up at a few hours’ notice, are ready to meet every emergency. We condemn without hesitation the “superintendence” of the nursing departments of military hospitals, financed by public subscriptions, by untrained nurses, and lesser social lights; and consider that the Army Medical Department should prohibit any such unprofessional arrangement. We do not find peers of the realm foisting themselves into the position of Army Medical directors in military hospitals, immediately War is declared. Why, therefore, should their wives and daughters be permitted by the War Office to assume responsibility for the nursing of sick soldiers, for which they are not qualified? This insufferable patronage of a skilled profession, should be entirely eliminated from every Nursing Service, where the valuable lives of the Kingdom’s defenders are concerned. Skilled nurses are finding the greatest difficulty in getting to the front, and yet many society women are there masquerading in their professional uniform.

Nurses are now realising how invaluable is a knowledge of French, and several classes have been started to help them. A class is just closed at the Midwives Institute, and Miss C. Everett Green is holding classes free to nurses who have volunteered, on Tuesday, Wednesday, and Thursday evenings, from 8 to 10, at 5, Carlisle Mansions, Carlisle Place, Victoria Street. This is a very kind contribution to nursing the wounded, upon the part of Miss Everett Green.

During the bombardment of Malmö by the Germans, the good Sisters were turned into the streets. We are indebted to the Ladies Pictorial for the use of this block.

A Sister who saw service in the South African War, found the following items specially useful for the comfort of the patients. Soft towels for use on tender parts, fine diaper preferred; small cushions filled with bran, not too tight, for relieving pressure; small leather pillows for head injuries; small soft squares, for use during feeding; soft squares for laying on pillows under head and limbs where there may be discharge coming through dressing; flannel covers for hot water bottles; day shirts always wanted; there are never enough, so that all soldiers who come into hospital for small dressings without shirts shall have them supplied.

The medical profession consider the necessity very urgent of inoculation against typhoid fever for all, including nurses, sent to the front. We hear that many nurses have taken precautions both by being inoculated and vaccinated.

It is announced by the Pacific Coast Journal of Nursing that on account of War in Europe Her Majesty Queen Eleonore of Bulgaria has postponed establishing a training school in Sofia, and Miss Helen Scott Hay, who was to have sailed for Europe last month, has now been appointed by the American National Red Cross to superintend the first group of American nurses assigned to Red Cross duty in Europe. It is hoped the “Red Cross” Hospital ship will sail at an early date.

The Queen’s Canadian Hospital.

The Canadian War Contingent Association have made an arrangement with the Army Council through the Queen’s Committee of the Order of St. John of Jerusalem, to equip and maintain for twelve months a hospital of 50 beds, with power to increase it to 100 beds or more for the general use of His Majesty’s Forces.

By special permission of Her Majesty, it is to be known as “The Queen’s Canadian Military Hospital.”

We presume it will be nursed by Canadian nurses, many of whom are most anxious to offer their services.

Patriotic Canadian Nurses.

When war seemed inevitable, the Canadian National Association of Trained Nurses, through its President, Miss Wright, New Westminster, B.C., and its Secretary, Miss Gunn, Toronto General Hospital, offered its services in case of need. Sir Robert Borden wired his appreciation and thanks. Every Provincial Association of Nurses was notified of the action of the National, and in a very short time 1,000 Canadian Nurses have demonstrated their patriotism by enlisting. Naturally, the National Association is deeply gratified by such a hearty response to its call.

The nurses are anxious to go with the Canadian troops overseas. Only 100 can be accepted, and preference has been given to 40 applicants who have already taken the training of the Army Medical Service.

It is proposed to establish two general hospitals with 500 beds each, at the bases; two stationary hospitals, with 200 beds, nearer the front; and a clearing hospital. There will be 32 nurses at each general hospital.
DESPATCHED TO THE FRONT.

ST. JOHN AMBULANCE ASSOCIATION.

Six nurses were sent to Antwerp on Tuesday by St. John Ambulance Association. Their names are not available as we go to press, but Sister A. M. Harris, of the Registered Nurses' Society, was one of the party.

THE BRITISH RED CROSS SOCIETY.

During the week no more nurses have been sent out by the Red Cross Society, but it is hoped their 3rd unit will go shortly, and then more to follow. Nurses sent abroad by the Society will be drafted as soon as possible to places where they are most urgently needed.

WOMEN'S HOSPITAL CORPS—FRENCH RED CROSS.

On Thursday, September 10th, two days earlier than was announced, a party for Le Croix Rouge, left Victoria under the escort of Mme. de Longueil, en route for Paris, their ultimate destination being the Château of the Duchesse de la Mollé Hondevont. The nurses were all in high spirits, and apparently eagerly looking forward to their new experience. Mme. de Longueil stood among them, an imposing figure, tall, upright and handsome. She wore a long blue military coat which reached to her heels, adorned with touches of scarlet and brass buttons, a cloth cap to correspond, and a knapsack slung over her shoulder. The effect was admirable, and she looked a most inspiring leader.

The train steamed out, leaving an impression of bright, eager faces and fluttering handkerchiefs.

Mme. de Thay was a conspicuous figure amongst those assembled to wish the party Godspeed.

Those left on the platform who from Anno Domini and other causes were ineligible for the coveted opportunity, turned back to the humberd with a sigh in their heart, which got no further, we hope, for there on the platform, in a confused and miserable heap, was a quantity of baggage belonging to miserable refugees. Who could be discontented in the face of so much suffering? Courage, mes amies, we all can help.

A postcard from Dieppe from one of the Croix Rouge has been received saying that they had had a glorious crossing, and were just about to dine before setting out to complete their journey.

At the present time, patriotism outweighs every other emotion, and it was an enthusiastic crowd that assembled at Victoria Station on September 10th to give a send off to the French Red Cross Women's Hospital Corps, en route for Paris. The distinguishing feature of the hospital they are on their way to equips, is that, with the exception of four male orderlies, it consists entirely of women. Claridge's Hotel in the Champs Elysées has been fitted up for their purpose, and they will undertake its entire management. Six tons of baggage and hospital equipment were put on the train.

Miss Rose Ricketts of the Registered Nurses' Society, left for France on the 10th inst. She received a call from Mme. Jacques Carrier, who has fitted up her fine villa at Houlogne for the use of the wounded, and where her sister is at present working.

BRITISH FIELD HOSPITAL FOR BELGIUM.

News has come from Miss Theresa Bryan that the Field Hospital of which she has charge, and which went to Belgium last week, received the warmest and most enthusiastic welcome, and is arranged in one of the big hospital buildings in Antwerp, where it is of the greatest use at this juncture, as owing to the terrible battles close by the staff have been deluged with work since their arrival, and have wired urgently for more doctors and nurses to be sent, and the following went over on Tuesday, Mrs. Dalton, Miss Mitchell and Miss Tanner, three more started on Wednesday. The hospital is under the direct command of the Queen of the Belgians and of the Belgian Red Cross Society.

A good bit of criticism about "trousered nurses" has appeared in the press. To be quite accurate, four lady farmers form part of the unit of the Belgian Field Hospital, their dress of trousers, long covert coats, high riding boots, and hats certainly gives these ladies a masculine appearance. We learn that their duty will be to attend to the domestic work, such as cooking and washing, and not "snatching the wounded from the field of battle." No doubt they will discard the "master of foxhounds" costume when engaged at the wash tub.
The British Journal of Nursing. September 19, 1914

We regret that we received the interesting account written by Miss Violetta Thurstan, a sister of the British Red Cross, of her journey to and from Paris, to which she alluded last week too late to print in full, because her letter disproves the mis-statements which have been circulated. The party arrived there at an inopportune moment, owing to the expected bombardment of Paris by the Germans, and with other Britishers it was directed to return to London. She writes:—

"I must not forget to mention that just as we entered the station, two bombs were fired, and an aeroplane followed our train as far as Aschères. En route we thought of every possible way to endeavour to remain in France and render our services to some of the poor wounded, who were sadly in need of nurses, but in vain. ... One poor French soldier exclaimed:—"Et pourquoi retournez-vous? Il n'y a pas une femme pour nous aider sur les champs de bataille.'"

After that sentence our readers may well imagine how heart-breaking it was for fifteen fully-trained nurses to return and leave behind those who were suffering and needing their care.

It will be remembered that Miss Violetta Thurstan left Brussels on August 17th, and wired for the party of 40 nurses selected by St. John Ambulance Association to be in charge for active service in Belgium. Later Miss Ward took charge, and Miss Thurstan left for Charleroi with two nurses. Later, when Miss Campbell and Miss Sartorius went to Charleroi, it was found that Miss Thurstan and her companions never arrived there. We feel sure, knowing Miss Thurstan's power of resource, that she will turn up by and by, with no doubt, a very interesting story to tell.

**RETURNED FROM THE FRONT.**

We are requested by the Matron-in-Chief, Q.A.I.M.N.S., to contradict the statement made by the *Daily Mail* that four wounded Army Sisters arrived at the Royal Herbert Hospital last week, as it is not correct. Three of the Sisters are convalescent from minor injuries. The fourth met with an accident, and is progressing well.

Amongst those who have returned from Brussels, where she has been nursing since August 15th, is Miss Martha Sadler, who formed one of a party of twenty-one trained nurses sent by the Catholic Women's League. They were affiliated to the St. John Ambulance Association. Fourteen of one party were sent to the Royal Palace, fitted as a hospital, the Matron (L'Infirmière en Chef) and the Assistant Matron held Belgian diplomas for six months' training. Miss Sadler nursed both Belgians and Germans. The surgeons were served in two theatres by their own nurses from Paris.

The wounds were chiefly from shrapnel, and most were high up, through the chest, in many cases the lung being pierced, ribs fractured, and spines injured and the patients paralysed. Miss Sadler says many of these sad cases succumbed to their injuries. There were also terrible cases of gangrene, resulting from torn thumbs being left for days before help was available. This hospital had been intended for surgical cases only, but after the Germans occupied Brussels on August 29th, many medical cases were admitted chiefly suffering from pneumonia.

The only aperient in the hospital was castor oil. No powder for backs except that provided by the nurses themselves.

As far as Miss Sadler could judge, the Belgian wounded were treated in every way the same as the Germans, being brought in as they were picked up, and as carefully dressed and tended. She heard nothing of cruelty to the Belgian wounded. Upon the advice of an English gentleman, Miss Sadler returned to England with seven other nurses, as he feared, perhaps, they might not get away later, plenty of German nurses are now available, fifty having recently arrived. There was very little difficulty in getting away owing to the kind offices of the American Consul. With some little delay on the way the party arrived safely at Ostend, some remaining there awaiting the necessary funds to complete the journey home.

Another sister writes:—

"I shall always remember that first night in Brussels, lying awake listening to the wounded being brought in, and then when the dawn came seeing straight in front of me through the window a big golden cross on the top of a dome. It stood there, a symbol of victory over sin, sorrow, and suffering (and a few hours later—it was Sunday morning—many of us gathered strength from the same source and knew that He was with us). A week passed, and we were still amongst the unemployed, and so able to see the Germans take possession of the city. Many of them marched past our hotel looking more dejected than triumphant. Very soon afterwards, our party was a scattered one, and some had commenced work at ambulances. Those who had been given work at the Palais Royal Ambulance had to wait until they were wanted, and this meant meeting outside the gates for orders every morning at nine a.m.

It was arranged that hospitality should be given us by Belgian ladies as there was no room at the Palace. Work was definitely started on the night of August 27th, and our patients were Belgians, French, Germans, and one Englishman—by name Samuel of the Suffolk Regiment. He was very ill with pneumonia, and had been hauled out of a train at Brussels by an English doctor, when on his way, a prisoner to Berlin.
The size of the wards varied, and the most experienced nurses took charge of the largest ones, among these being Nurses Frost, Sudler, Wright, Sherring and Hawkins. At night we found we were left with the alternative of a blaze of light or none at all. The glass chandeliers were enormous and high up, as befits a palace. However, fortunately a nurse had a brilliant idea which a boy scout carried out, and several large candles discovered behind the electric lights were confabulated to be used at night in wine bottles and hidden during the day.

The clinical Centigrade thermometers were clumsy compared with our own, to those who were unaccustomed to them, the quicksilver seemed more elusive and difficult to locate. The charts also were rather a trial to Sister and ourselves, as anyone who took a temperature charted it, and also made notes of the treatment, and so there were dots, spots, and alias blots.

The arrangements on duty were somewhat topsy-turvy; a nurse with a three years’ certificate and many more years of hard work, would perhaps receive her orders from an uncertificated nurse who spoke French well. This of course was unavoidable with a French Sister who could not speak English, and when done tactfully no one minded.

Most of the large windows were securely fastened before our arrival, and all were whitewashed to far above our reach, but a careful observer would have noticed a small hole steadily growing day by day in some of them. It required much dusting. When things were quiet in the wards at night one could hear at times the tramp of feet outside, and many of us could not resist the temptation to scale the window ledges and watch the Germans, and may be our own men march by, most of them looking so weary, and longing no doubt, as we were for this horrible war to end.

When we heard more German patients were arriving and German Sisters coming to nurse them, when many of our own were amongst the idle, some of us decided to try and get away.

We were warned it was not safe, but permission to leave was not refused and so the party grew. Some left, or rather were supposed to leave Brussels at 6.30 a.m., and some at 7.30 a.m. by tram for Ninove on September 1st. There we were told we could not proceed, and must return to Brussels. This was a bitter blow, and one of the nurses volunteered to try and see the German officer in command.

After waiting an hour and a half for him, she was received with much courtesy, the whole route being discussed and followed on a map. Evidently here was the best type of German soldier and one whom it was a pleasure to meet.

Passports were quickly sent for and signed and a start made in a sort of furniture van, which had been secured by a man whom the British Vice-Consul had appointed to look after the party. We were stopped many times and our passports examined and once we were nearly turned back. At Sotteghem we halted and put up for the night, and soon after the second party arrive.

Our accommodation was primitive; rugs were spread on the floor of a big room, above the bar, and we got what rest we could.

The Consul’s man, and two others who were taking the opportunity of going to England and helped us enormously on the way there, used the room below and later on we heard a heated discussion, and were told by our landlady our passports were being examined by Germans.

It was a bitter blow to be told next morning that we need not hurry as we might be detained there for three days, and that our horse had been commandeered by the Germans. We were also told there was fighting all along the line in front of us.

Some of us who were very anxious to push on considered joining with the rear party who had offered some spare seats, and two eventually did. But alas! the owner of their horses would not allow them to be brought out, and so all seemed stranded once more.

Three of us, including a Belgian Sister of Mercy, had almost decided to walk to Ghent, when suddenly all the Germans vanished, and both parties could make a start. It was a glorious day, and our journey lay through beautiful country where everything seemed peaceful. No one accosted us, but the Flemish people looked suspicious, evidently mistaking us for Germans, when in happier circumstances we could have caused amusement, for we looked an odd lot, perched on the top of our luggage in a small cart. Only at halting places did we receive smiles of welcome with beer offered to us.

At Ghent we found a train was leaving in an hour and a half for Ostend, and there we spent the night, some of us getting up early next morning to catch the 8 o’clock boat for England.

B. C. R.

**NURSING ON A HOSPITAL SHIP.**

The following extracts from the letters of nurses to the Matron of the London Homoeopathic Hospital give an interesting glimpse of nurses’ work on a hospital ship:

**Havre, September 4th.**

**Dear Matron,**—I seem to have so many things to tell you that I hardly know how to begin. If I were mighty with my pen I could write a book, but I will tell you the best way I can what has been happening since we left the London Homoeopathic Hospital Friday. Only Friday! It seems a lifetime since then, and something exciting happens every day. We went to —— in great style. First class Government pass. The War Office know how to do things properly. We had some tea, and then were introduced to the Matron. We had to sign papers and write to announce our arrival to the War Office—quite a lot of red tape to
begin with. Then we were shown to our rooms. However, before long the order came along that we were to join the ship sailing from ——— at midnight. So we were bundled off, much to the cavy of some of the nurses, who had been at ——— some three weeks or so.

I shall never forget that night as long as I live; what with the wounded coming in on stretchers, and being hustled along endless corridors, I moved as though in a dream. We were on the boat at last . . . There were four of us (Sisters) on board . . . six medical officers, and about 25 orderlies . . . We reached Havre on Saturday morning, and that evening left with 500 wounded on board.

The "Tommies" are simply lovely. I do like them so much. Poor things, all they want is to get better quickly, so that they can have another shot at the enemy. . . . They are disgusted if they do not have anything to show for having been to the Front. One poor man was quite upset because he was silly enough to have pneumonia. They have various complaints, pneumonia through exposure, and I have had two or three simply exhaustion; long marches and sleeping out was too much for them. They are too tired to feed themselves, no temperature, and a feeble pulse; but it is wonderful what hot beef tea and a warm bed does for them. They all look better very quickly.

We have now been in three times to Havre. The second visit we took back 600 wounded, and this time we are taking about 200 Sisters to various new bases along the coast. . . .

September 12th, 1914.

We have been very busy the last four days taking in our wounded. We are about 600 on board and 58 wounded German prisoners. They are quite happy and pleased to be English prisoners, rather than French. They are quite confident that they are going to win in the end.

Yours sincerely,
Sister A. B.

Havre, September 4th.

My Dear Matron,—Picture to yourself a large ship painted white with a green band, flying the Red Cross, and on the decks nurses dressed in the Army uniform—grey and scarlet . . . There are over 200 now on board, and we are taking them to various places on the coast of France on our way to ——— for which we are bound, to pick up the wounded.

The base hospital here, Havre, has had to be moved on account of the Germans, so another one is being made on the coast. I am in charge of the wounded officers, and some of the Tommies who can walk.

The most impressive sight is to see the Belgians going out by moonlight, singing and cheering as they go. In a large ship lighted up, holding thousands of men to return—when? The officers have told me most pitiful tales, and one realizes very much the horrors of war when the wounded are brought from the hospital to the ship, stretcher after stretcher, with men all covered in bandages, and some mentally afflicted as well.

We are continually receiving fresh orders, and never know where we are going to for certain. . . . I have two orderlies to help me with the officers. On their arrival I take their name, rank, regiment and religion, and then do their dressings and make them comfortable. Last time I had 15 officers, and before that 12; they are very nice, and had awful wounds.

Very sincerely yours,
Sister L. C.

WORKERS FOR THE WOUNDED.

Lady Perrott, the Lady Commandant-in-Chief of St. John Women's Voluntary Aid Detachments, and Lady Superintendent-in-Chief of Nursing Corps and Divisions of St. John Ambulance Brigade, is the wife of Colonel Sir Herbert Perrott, Bart., C.B., the Secretary General of the Grand Priory of the Order of the Hospital of St. John of Jerusalem, and since the outbreak of War has been one of the very busiest women in London. Lady Perrott attends daily at the office of the Order, at St. John's Gate, E.C., and by her kindness to every visitor she has time to see, has done much to stimulate public interest in the valuable work for the sick and wounded, which has been accomplished during the past six weeks, under a Special Committee of ladies of the Order, of which Her Majesty Queen Mary is President.

A Special Appeal is now being made on behalf of St. John Ambulance Association, in which it is reported that a large contingent of surgeons and 150 highly trained nurses have already been sent out to tend the wounded, and 5,000 men belonging to St. John Ambulance Brigade have been mobilized and are now serving with the Royal Army and Navy as hospital orderlies. We hope the Appeal may receive very generous support.

THE CARE OF THE WOUNDED.

The Queen has sent the French Red Cross in London (Union des Femmes de France) a gift of 600 garments. It was received with deep gratitude, and will be much appreciated in France, where the large bales are to be sent immediately.

The question of the organization of the Red Cross Society in Ireland has been receiving the attention of the Executive Committee of the Red Cross; and it has been decided that the best method is to proceed by Counties, as in England. It is hoped each County will form a Branch of the Red Cross, which will be in direct communication with the Headquarters of the Society in London as in the case of the English and Scottish Branches.
WORKERS FOR THE WOUNDED.

LADY PERROTT,
LADY COMMANDANT IN CHIEF, ST. JOHN WOMEN'S VOLUNTARY AID DETACHMENTS.
The Honourable Arthur Stanley has now taken over the duties of Chairman of the Executive Committee of the British Red Cross Society.

We are glad to know that now £200,000 has been received by the British Red Cross Society, the St. John Ambulance Association is to share the public generosity for its good work for the wounded.

The Army and Navy concert party, organised and arranged by Mrs. Norman Barrows, has permission to visit all the military and other hospitals to give short entertainments to the sick and wounded convalescent soldiers. Further particulars may be obtained from Mrs. Barrows, Deputy-Governor's House, Pentonville Lodge.

The offer of St. Bartholomew's Hospital to place a wing (174 beds) at the service of the War Office has been officially accepted. The hospital will bear all expenses of maintenance.

Some of the hospitals are in need of flower vases to hold the gifts of flowers sent to the wounded men.

The Auxiliary Committee of the Regimental Agency have parcels of books and magazines ready for distribution to hospitals, convalescent homes, and bases, on application to 33, Tothill Street, Westminster, S.W.

The American National Red Cross Society is preparing a wonderful exhibit for the Panama-Pacific Exposition—equipment in detail for relief on battlefields. The War Department will exhibit a comparative series showing the army wagons, tents, and equipment used in the Civil War and in contrast to the equipment of bygone days, a complete modern field hospital in operation.

Matrons and Nurses have been very busy, all over the country, getting the Territorial Hospitals in order, and patients have been in many this week.

Australians will be glad to hear that the Australian Voluntary Hospital is doing good work at the front. It has been inspected by the head officer of the Royal Army Medical Corps in the Field, and pronounced a splendid, efficient, and satisfactory unit.

Last Saturday Her Majesty the Queen of the Belgians visited the hospital equipped by the British colony in Antwerp in the building lent by the Missions to Scansen. All the Medical and Nursing staff were presented to the Queen, who was delighted with the excellent arrangements of the hospital.

APPOINTMENTS.

MATRON.

Ottery St. Mary Cottage Hospital.—Miss L. M. Barter has been appointed Matron. She was trained at Bristol Royal Infirmary, where she has since been Midwifery Sister and Matron. She has also been Sister at Dr. Barnardo’s Home for Incurables, Birkdale, Lancashire.

Infectious Diseases Hospital, Market Moor, Derby.—Miss Sarah Agnes Kaye has been appointed Matron. She was trained at the Borough Hospital, Bolton (Infectious) and the Royal Infirmary, Halifax, and has since been Sister at Huddersfield Sanatorium, Night Sister Watford Isolation Hospital, Deputy Matron, Warrington Isolation Hospital, and Matron, Howden Isolation Hospital.

NIGHT SISTER.

Home and Infirmary for Sick Children, Sydenham.—Miss Hetty Pedley has been appointed Night Sister. She was trained at St. Mary’s Hospital, Paddington, and the General Hospital, Harrogate, and has since been a member of the Alexandra Nursing Home, Southsea.

SISTER.

South Western Hospital, Stockwell.—Miss Edith Mary Price has been appointed Sister. She was trained at the Kensington Infirmary, and has been Sister at the North Western Fever Hospital, and temporary Sister at the Throat Hospital, Golding Square, London.

SCHOOL NURSE AND HEALTH VISITOR.

Breconshire County Council, Brecon.—Miss Joyce W. Lewes has been appointed School Nurse and Health Visitor. She was trained in general nursing at the City of London Infirmary, and holds a certificate from the Lying-in Charity, Winchester, and the certificate of the Central Midwives Board. Miss Lewes has had experience of district and private nursing. We are pleased to see a thoroughly trained nurse and midwife selected for this position, as by some authorities school nurses and health visitors are appointed without the necessary qualifications for their responsible work.

Breconshire County Council.—Miss Gertrude L. Line has been appointed School Nurse and Health Visitor. She was trained at the Royal South Hants Hospital, Southampton, and received district training for the Queen’s Roll at the District Nurses’ Home, Cardiff, where she was afterwards Staff Nurse, and has also been District Midwife at Rhondda.

Miss Catherine E. Banks has been appointed School Nurse and Health Visitor. She was trained at Wolverhampton Union Infirmary, where she was Staff Nurse, and has held several posts as Charge and Superintendent Nurse in the Poor Law Service.

QUEEN ALEXANDRA’S IMPERIAL MILITARY NURSING SERVICE.

Miss E. M. Becher, R.R.C. Matron-in-chief, Queen Alexandra’s Imperial Military Nursing
Service, whose retirement was announced with effect from September 22nd, will continue in her present appointment.

QUEEN ALEXANDRA'S IMPERIAL NURSING SERVICE FOR INDIA.
Miss J. E. Wootten has been appointed a Nursing Sister in the above Service.

QUEEN VICTORIA'S JUBILEE INSTITUTE.
Transfers and Appointments.
Miss Alice J. Warwick is appointed Senior Nurse at Exeter, Miss Marion Moore at Hereford, Miss Clara Parker to Grimsby, Miss Ella Sissons to Exeter, Miss Esther Snowden to Sunderland.

THE POOR LAW INFIRMIARY NURSES' ASSOCIATION.
Owing to the War, the Annual Meeting and Dinner of the Poor Law Infirmary Matrons' Association, will not take place in October as arranged.

MEDALS FOR NURSES.
Medals have been presented to three members of the nursing staff at Bagthorpe Infirmary, Nottingham, who have gained the highest number of examination marks. Miss Usherwood, who is a third-year probationer, received a gold medal, Miss Newland (second year) a silver medal, and Miss Shephard (first year) a bronze medal.

ANOTHER MASQUERAADER.
We regret to note the following cases of fraud in connection with the Red Cross, and made possible by the misuse of nurses' uniform.
At Liverpool last week, a smartly-attired young woman named Bride G. Hickey, who has been collecting money on the ferryboats, attired in the uniform of a Red Cross nurse, was sentenced to three months' imprisonment for obtaining £8 10s. 7d. by false pretences. It was stated that she was not authorised to collect. She described herself as a music-hall artist out of work.

THE PASSING BELL.
We regret to have to announce the death, under tragic circumstances, of Miss Charlotte Phipps, Superintendent Nurse of Barnet Poor Law Infirmary.
Miss Phipps, during the two and a half years of her office, effected great improvements in the Infirmary, which is of the old-fashioned type. It was hoped that her excellent organising powers might have found a wider scope in the new Infirmary shortly to be built. She won both the affection and esteem of her nurses. High nursing ability, devotion to duty and fearless candour are qualities not easily found, nor will they be easily replaced.

NURSING ECHOES.

Fever Nurses are urgently required at some of the fine hospitals of the Metropolitan Asylums Board, as Sisters, Staff Nurses, probationers, assistant nurses, Class I and II, and also nursing attendants. Training in the care of infectious diseases forms a very important part of a thoroughly trained nurse's efficiency, and in private nursing is invaluable. In selecting nurses for the Registered Nurses' Society, the Superintendent gives preference to those trained nurses who have the additional qualification of a certificate for Fever Nursing.

A second Home for Retired Nurses is to be opened towards the end of the month by the Committee of the Nurses' Memorial to King Edward VII. It is situated in Norland Square, Holland Park. Those nurses desiring rooms should apply to Miss Swift, at 15, Buckingham Street, Strand, London.

We have received a number of indignant letters from nurses and others concerning a letter which appeared in the press on Monday, headed "Unemployed Domestic Servants," signed by the Duchess of Marlborough, the Countess of Selborne, Lady St. Helier, and Lady Emmott, in which they ask for subscriptions to support their scheme to provide work for unemployed servants. They propose to open a bureau for the following purposes:

(a) To ascertain how much unemployment exists among domestic servants and how it is distributed.

(b) To give training in domestic economy to the younger and more untrained section of servants.

(c) To train and place a number of suitable girls (unemployed servants) as emergency nurses for hospital work, so as to meet the grave shortage at present existing.

(d) To endeavour to find maintenance at least for those for whom employment or training cannot be provided.

It is, of course, to paragraph (c) that trained nurses and members of training school committees strongly object. As Miss H. Bartleet points out in another column, she imagines the signatures mean wardmaids, and not emergency nurses.

A county matron encloses the following advertisement from a paper dealing with nursing, and thinks the lady who inserted it might benefit by hearing the opinion of the
nursing profession on her suggestion. We think so too.

WANTED, early in October, a NURSE-MATRON and WARDMAID for a cottage Nursing Home of 3 beds. Economical manager. Two sisters or friends might suit. Salaries £15 and £6. Apply Mrs. Falcon, Horstead, Norwich.

Miss A. M. Davies, of Treorchy, Bangor, writes to the press to suggest that the Queen’s ‘‘Work for Women” Fund might help forward in North Wales the training of more women as midwives and district nurses. She says:

‘‘There is a constantly increasing demand for Welsh-speaking nurses. Many districts in North Wales are at this moment waiting patiently for a district nurse, until one of the Association’s fourteen or fifteen pupil nurses (for this is the total number that the Association can afford to train annually) is ready for work. Boards of Guardians, sanitary and education authorities often advertise in vain for Welsh-speaking nurses. The demand everywhere exceeded the supply before the War broke out, and now nurses are very scarce indeed.”

Public money might be well expended in training midwives, because the State is responsible for their minimum efficiency, but as the majority of trained nurses at the best schools get their three years’ training free, we cannot approve of spending the Women’s Work Fund, in giving women a smattering of nursing knowledge, and thus depreciating a sound educational and economic training for the nursing profession as a whole. This appears to us a very unjust policy.

EVERY LITTLE HELPS.

How very busy nurses are just now doing their little bit to help. One of the nurses of the Nurses’ Co-operation, 22, Langham Street, has been doing what most people would think a large bit. Hearing that the recruits at Woolwich were not provided with towels and soap, Miss Kings Elliott journeyed down with a few, a piece of soap pinned in the corner of each which she asked the men to accept; their joy was unbounded, the rush and shout of ‘‘One for me, please; oh, do give me one,” made her depart feeling sad she had not one for each man. On her return to the (Howard de Walden) Club, she told her experience. The nurses were deeply interested and at once subscribed to enable her to get many hundred towels and pieces of soap. For several days she made the same journey with some of her fellow-nurses; each time the men gave her a hearty welcome with cheers and a ‘‘God bless you.”

As one of her colleagues, I should like to say how much we admire her untiring energy and thoughtfulness.

M. R.

THE HOSPITAL WORLD.

2ND LONDON GENERAL HOSPITAL T.F.N.S.

The buildings of St. Mark’s College, King’s Road, Chelsea, and the adjacent new secondary schools have been taken over to form No. 2 General Hospital of the Territorial Nursing Service. St. Mark’s College is a fine building standing in its own grounds, at the rear of which stands Chelsea College. The dividing wall between the two has been partially demolished, in order that the invalids may be transported from train to hospital by the shortest and most private route.

The interior of the building is well adapted for its purpose, and the new wards are spacious, airy, and cheerful.

The necessary additional lavatory and bath-room accommodation is ingeniously constructed to be approached from all the wards on the floor with equal facility. All is in readiness for patients to be received, with the exception of the completion of the structural alteration, which will in no way interfere with this being carried out.

The nursing staff is fully occupied with preparation of dressings, splints, marking of linen, &c., and nothing that skill and forethought can devise seems to be lacking. A great advantage is the ample storage room which the building affords, and which will greatly add to the conduct of administration.

Miss Darbyshire, Matron, St. Mary’s Hospital, Paddington, is the Principal Matron.

The Matron, Miss M. S. Riddle, trained at St. Bartholomew’s, and now Matron of the Chelsea Hospital for Women, has from the formation of the T.F.N.S. held the rank of Matron in the service. She heads a band of efficient sisters and nurses, who eagerly await the arrival of the heroes from the front to whom it will be their duty to minister.

Orderlies in khaki are everywhere in evidence, going at their unaccustomed work with a willingness that will later develop into skill.

We learn that the building of St. Mark’s is to accommodate the medical cases, and entities in the early stage are expected to be sent from the front. The surgical cases will be treated in the adjoining building.

The Invalid Kitchens of London work in co-operation with all the existing relief institutions, and arrangements have been made with the Soldiers’ and Sailors’ Families’ Association to undertake the supply of food to invalids, children, maternity, and all other cases recommended by the Association.
OUTSIDE THE GATES.

WOMEN.

It is stated that for some years to come, the military spirit aroused in the home type of war in this country by a keen sense of national duty and love of country, in the present crisis, will have to be kept alive if the liberty of nations is not to be crushed out by brute force. That sounds an anomaly, but all the same it is true, and as persuasion is better than compulsion, the Lady Recruiting Sergeant is already in our midst. Who could resist these sweet-looking girls—Miss Winifred and Miss Ivy Mulroney, who are working hard on behalf of the King's appeal for recruits. According to The Gentlewoman, to which we are indebted for the use of the block, they ride in Hyde Park and personally request young men to join the British Army. We surmise they have some success.

Owing to the War the National Union of Women Workers has postponed indefinitely the Annual Conference and National Council Meetings, which Belgium, it is proposed to offer help in Holland, where many refugees are crowding and in the parts of France that are not likely to be occupied by troops.

Any fully trained nurses who are members of the "Society of Friends" or who would like to cooperate with them in this work are requested to communicate, in the first instance by letter, with Miss E. M. Pye, National Union of Trained Nurses, 39, Great Smith Street, S.W.
ON ACTIVE SERVICE.

NURSES CERTIFICATED AT ST. BARTHOLOMEW'S HOSPITAL.

In addition to Miss Cutte (Assistant Matron) and Miss Wilkinson (Sister Surgery), now in Belgium, the following nurses, holding the certificate of St. Bartholomew's Hospital, are on War Service.

**At the Front.** — Miss Latham (late Sister President), Miss Binnian (Matron Kettlewell Convalescent Home, Swanley), and Miss Lardner (Sister Stanley).

**Military Hospital, Cosham, Hants.** — Miss McCormac (Sister Matthew), and Miss Gascoigne (Sister Pitcairn).

The following nurses have been supplied to the Naval and Military authorities, in accordance with an agreement made some time ago, with the Admiralty and the War Office.

**Navy.** — Miss A. Hill, Miss E. Nicholson, Miss Z. Stronge, and Miss E. A. Turner.

**Army.** — Miss Binnian, Miss M. M. Davis, Miss D. M. Dawson, Miss H. Dy, Miss E. M. Duncan, Miss S. Jarvis, Miss A. M. Jones, Miss J. Keogh, Miss J. M. Lloyd-Edwards, Miss M. B. Noel, Miss P. Pearce, and Miss E. Stephenson-Jellie.

**VICTORIA AND BOURNEMOUTH NURSES.**

Victoria and Bournemouth Nurses' League have lost the services of many of the League and of the staff for the present, as so many have left either as Territorial Nurses or for other posts in connection with the war, and many more are expecting to be called out.

Among those who have already taken up posts are Nurse Norfield, who, while on the staff, was sent to take temporary charge of Swanage Cottage Hospital, and from that was elected to be permanent Matron, has been allowed to take her turn of service at that hospital, as beds are reserved there for the wounded.

Nurse Willa Oliphant is in charge of the hospital, arranged by the Marchioness of Linlithgow in Hopetoun House, where, as it is close to Rosyth Naval base, she ought to have plenty of work.

Nurse McManon and Nurse Wilcock are now enrolled as Army Sisters, each having fifty beds and two private wards at Sidney Hall, Weymouth, the Matron of the Royal Hospital acting as Matron.

Nurse Shurber has been appointed Theatre Sister by the Red Cross Association at one of their hospitals.

Nurse Whitham and Nurse Seagar have been called to Portsmouth, headquarters of one of the Southern divisions.

Miss McDonald has undertaken the duties of Staff Nurse at the Boscombe Hospital, chiefly to look after the temporary and untrained helpers.

Nurse Woodwright and others are still expecting their call to come.

At the League Committee meeting last week it was decided that, for three of the social meetings, lectures should, if possible, be given on the three great wars of the last hundred years—the Waterloo campaign, the Franco-Prussian, and the present War.

BOOK OF THE WEEK.

"SYLVIA SAXON."

Episodes in a Life. Episodes in the life of Sylvia; and Sylvia is a baffling personality. She begins as a puzzle child, and ends, as far as we are concerned, a woman who is an enigma. We don't profess to understand her in the least—child or woman.

By the sea, close to the calm summer waves a little girl was playing. Along the shining sands there came another child in rags, who, with eyes fixed on Sylvia, stood still when she came near her. The ragged child found a piece of glass and held it out in triumph. It was pale green, frosted over by the action of the waves, shaped by them into a heart—a sea green heart. Sylvia's baby brows contracted into frown; she scrambled to her feet, seized the small, rough hand that had closed tightly upon the treasure, slapped it, pinched it, beat it with her wooden spade,"

The child was recompensed with money, but Sylvia had the heart. "Sylvia has money and the heart too," she said.

She appeared to have a genius for hurting the feelings of others, her precocious intelligence rendering her contemptuous of slower wits.

Little Anne, who existed solely for the purpose of providing companionship for the only child, was often the target for her arrows.

"'Anne, Anne, when will you be my age?'

"'Oh, Sylvia, I shall never be as clever as you!'"

"'You will never be as silly as Fräulein, never, never, never!'"

Fräulein's face reddened, her nose turned white. 'The silliest are those who think everyone else silly.'

"'Anne's eyes filled with tears; she cast imploring looks for mercy at Sylvia.'

"'When I am fifteen, Sylvia, perhaps I shall not be so stupid as I am now.'

"'Sylvia's face clouded. 'I shan't care; I'm used to stupidity; it's a stupid world.'"

Rachel, her mother, had married late in life, and widowhood followed closely. She was a woman of somewhat morbid disposition, who reproached herself with having brought a child into a sad world, and whose one object had been to shield the beloved object from its effects. Sylvia discusses her approaching marriage with Jasper.

"'What will there be to arrange, mamma? Property, I suppose? Property is very important. I would not care to live without it. I wonder why Anne and Fräulein can't live, don't you, mamma? Where shall we live? I would like it to be a long way off, but Jasper says his father would not allow that.'"

Rachel drew in her lip, her eyelids narrowed and quivered.

* T. Fisher Unwin, London.
“Now, mamma, don’t cry. Why cannot you be like other people? You have always made me sad. I have been more sad than happy in my life, and it has been your fault.”

Her marriage with Jasper was not a success, and it was an extraordinary thing that so intellectual and exacting a creature could have been attracted by him, physically favoured though he was.

“At table, Jasper was critical.

‘Never mind, Jasper, we will have a housekeeper who really knows, and she shall be responsible for everything. It will be like the house that Jack built: you will beat me, and I shall beat her, she will beat the cook, who will beat someone else, and there will be immediate reformation. The next day you will praise me, I will praise her, and everything will go right.’ ”

She asked him: “Jasper, did we ever disagree about anything? Could we ever disagree?”

“I can’t say. How can I tell? If you understand me, we shall not. That is all I ask of anyone, to be understood.”

But when he became a slave to drink she not only did not understand but cordially disliked him. She came perilously near wrecking her life with Lessingham, but he was of too calculating a nature to wreck his own career, and the terms he offered her opened her eyes to his attitude of mind.

We quite agree that the character drawing is clever, even brilliant; but altogether, though it has fascination, it is very unsatisfying as a story.

II. H.

**HOW SLEEP THE BRAVE.**

How sleep the brave, who sink to rest
By all their country’s wishes blest!
When Spring, with dewy fingers cold,
Returns to deck their hallow’d mounds,
She there shall dress a sweeter sod
Than Fancy’s feet have ever trod.

By fairy hands their knell is sung;
By forms unseen their dirge is sung;
There Honour comes, a pilgrim grey,
To bless the turf that wraps their clay;
And Freedom shall awhile repair
To dwell, a weeping hermit, there!

—William Collins.

**WORD FOR THE WEEK.**

**St. Vincent de Paul’s Prayer for Use of the Sisters of Charity.**

Oh my Lord Jesus Christ, I give myself wholly to Thee. I give Thee all the love that is in my heart, all the fervour that is in my soul that I may live and die in obedience even as Thou hast done. I have no choice of my own, O Lord. Whether I may be sent to one place or recalled and sent to another, whether the time be long or short, whether I go to live or go to die, I can accept what Thou hast permitted, if Thou wilt grant me grace to offer the obedience of my whole life for love of Thee.

**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.

**ANTI-TYPHOID INOCULATION.**

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

DEAR MADAM,—On behalf of the Research Defence Society, which represents the general opinion of all who have studied the facts of anti-typoid inoculation, we desire to say that the Society very strongly approves of this treatment for all men and women who are likely in the near future to come in contact with typhoid fever. We have accordingly offered the services of this Society to the Royal Army Medical Corps.

Yours &c.,

LAMINGTON, President.

F. M. SANDWITH, M.D., F.R.C.P., Hon. Treasurer.

STEPHEN PAGET, F.R.C.S., Hon. Secretary.

21, Ladbroke Square, W.

**A NASTY EPISODE.**

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

DEAR MADAM,—I read the quotations from a Nurse’s Diary in Brussels in the Morning Post, and was glad to note last week that you found nothing amusing in the “nasty episode” described by the nurse, which she states “made her roar” in spite of the very natural “disgust” of the person who reported it to her, who rightly objected to a brutal soldier killing a calf in the drawing-room and throwing its entrails into a piano! What decent person would not be both disgusted and horrified by such an outrage in one’s home? I notice also from the diary that more than one nurse ran about the Brussels streets “to see the fun.” What fun, I ask, could a woman of any feeling for humanity find in witnessing the heart-breaking torture and humiliation of the splendid Belgian people, during the passing of the Kaiser’s godless hosts through the heart of the metropolis of their beloved country? Fun, maybe, to the writer of this trivialous diary, so devoid of sympathy that she had not one heart-throb or tear for such a sight? It is humiliating to those of us who have subscribed all we can afford to send relief and comfort to our heroic allies, that such nurses as the writer should have been sent as a consolation when all this heart-rending tragedy is only “fun” to her. Speaking as an Englishwoman unable to take an active part in succouring the wounded in body, and broken in spirit, but desiring ardently that our nation should realise its debt to Belgium, for the sacrifices it has made for the benefit of the world at large, I sincerely hope that there are very few nurses sent to the seat of War from this country who are so coarse-fibred, that, in the poignant grief and pain of others they can only find cause for amusement and ribald laughter.
The publication of a few more epistolary specimens such as that to which I allude, will lower still further in public opinion the type of nurse so eager to " rush to the front."

I am, yours sincerely,
Ada Samuda.

Albion Street, W.

[We feel sure the majority of nurses who have gone to Belgium and France to care for the sick and wounded, are animated by the dictates of humanity. Yet they cannot be too careful not to give offence through thoughtlessness and lack of refinement.—Ed.]

A REAL TRAGEDY. A CASE FOR THE LOCAL GOVERNMENT BOARD.

To the Editor of The British Journal of Nursing.

Madam.—In your issue of August 20th you gave publicity to some extracts from a local paper referring to unrest among the nurses at Barnet Infirmary. It will be remembered that six of the nurses sent in their resignations as a protest to what they stated was the unfair way in which the Superintendent Nurse had been treated.

The sequel to that unrest has been startling and tragic. It was announced in the Finchley Press of Friday last that Miss Phipps had, on Thursday morning, been found unconscious by the nurse who called her, and that her condition was due to an overdose of veronal. I have learned that in spite of the great devotion and skill lavished upon her by the Medical Officer and her nurses, she passed away on Saturday evening without recovering consciousness.

The Finchley Press informs us that there was a significant letter addressed to the Coroner found in her room. Her body lies at the Nursing Home awaiting an inquest.

Miss Phipps was a nurse of high capability and power of organisation. She held the certificate of the Bristol Royal Infirmary, and was also a certificated midwife. She was also a member of the State Registration Society.

More than two years ago, unhappily as it turned out for herself, she was appointed Superintendent Nurse of the above Infirmary. Is it too much to say that she is the victim of Poor Law methods?

To quote again from the local press, it appears that she was constantly pilloried before the Board on the flimsiest pretext. Sometimes for an accusation of excess of zeal; at others that she exhibited too little supervision. On the complaint of a childish old woman of ninety-five she was publicly called a "crude woman."

Did a nurse resign? It was the fault of the Superintendent. The outbreaks of various epidemics that the Infirmary has unfortunately incurred, have occasioned the engagement of many temporary nurses. These have gone to swell the " hurry who have recently come and gone.

The fault of the Superintendent Nurse!

The humiliating subservience to the Master which is imposed by the L.G.B. galled a naturally proud and independent spirit, and it was whispered, by those who knew, that Miss Phipps had to ask leave before inviting a friend to tea in the Nurses' Home, of which she was mistress.

These who from the first had "compassed her about with words of hatred" in the end achieved their object, and, weary of the struggle, she at length yielded to pressure and sent in her resignation, on the understanding that the usual testimonial was granted. But the testimonial was the subject of more bitter animosity, made public again in the local press, and after being hard pressed by her friends, her opponents consented to a maimed document, which, significantly, she received two days before her illness.

On Tuesday, September 15th, Miss Phipps and her loyal nurses were to have left the Infirmary. She was going to take a "long rest," she said.

A recent visit from the Nurse Inspector of the L.G.B. produced a high tribute to the manner in which Miss Phipps performed her duties.

The Medical Officer has, on more than one occasion, spoken in praise of, and satisfaction with, her work and general efficiency, in spite of indignation. But in spite of expert opinion and warm support of the most enlightened members of the Board, ignorance and prejudice triumphed over justice and common sense. Wherein lay the root of the animosity that pursued her? In her independence of character and her rigorous insistence that a high nursing standard should be maintained. But what could not be bent, however, was at last broken. It is intolerable that educated professional women should be crushed on the wheels of such a system.

I leave it to you, Madam, who are so justly esteemed for your championship of nurses, to see it some representation cannot be made to the L.G.B. that a system which has brought about such a disaster should be thoroughly reconsidered. We want more women on Boards of Guardians in order that women's affairs can be judiciously and fairly dealt with.

DIAH IDIQUDE.

AN OUTRAGEOUS SUGGESTION.

To the Editor of The British Journal of Nursing.

Dear Madam,—I enclose cutting from to-day's Times in case you have not noticed it. The same account is appearing in the Western Morning News and other local papers.

Possibly the ladies concerned really mean ward maids, not emergency nurses.

Sincerely yours,

(Miss) H. Bartlett.
(Member of Board, General Hospital, Birmingham).
17, Sandon Road, Edgbaston.

[We have received a number of very indignant letters on this matter. We shall refer to it again.—Ed.]

OUR PRIZE COMPETITIONS.

September 30th.—What do you know of antityphoid vaccination and its preventive influence?

October 3rd.—Mention four classes of wounds and how they may be caused.
The Midwife.

MATERNITY BENEFIT AND OBSTETRIC TEACHING.

Mr. Edgar S. Kemp read a paper in May before the Council of the Charity Organization Society in which he analysed the results of an inquiry into the effects which the receipt of maternity benefit by patients had had upon the various institutions which dealt with lying-in women in London. The paper has been published in pamphlet form, and contains some information of importance in respect of the working of the maternity benefit part of the Insurance Act. It was found that there were nineteen institutions in London (apart from Poor Law infirmaries) which provided treatment for women in child-birth as in-patients or out-patients; of these, nine were lying-in hospitals, treating both in-patients and out-patients; two were maternity charities with out-patients only; and twelve were general hospitals with medical schools and with in-patients and out-patients in-patients and with out-patients only. The five lying-in hospitals were the institutions most affected by the maternity benefit section of the Insurance Act; in 1913, as compared with 1912, the in-patients showed a reduction of 12 per cent., and the out-patients of no less than 11 per cent.; it is to be noted that in each of these hospitals the money charge was increased, or one was imposed where none had been previously demanded. Further, three out of the five made a fixed charge. To whom have the women who have left the hospitals gone? The answer is that district midwives attached to hospitals are now treating privately numbers of women who in receipt of the 30s., and who would previously have applied to the hospitals. With regard to the two maternity charities, one showed a drop of 61 per cent. in its patients, whilst at the other about as many cases were dealt with in 1913 as in 1912. At the latter the women always paid according to their means, but after the benefit became available they were charged more (10s. 6d. or 12s. 6d.). In the former no charge at all had been or was made, but the production of a "letter" was demanded. The explanation of the big falling-off in the numbers treated at this charity was, however, easily found: no women in receipt of maternity benefit were given treatment in 1913. The committee has, however, reconsidered its policy, and insured women are now dealt with free of charge on the production of a "letter." With regard to the twelve general hospitals, there was found to be a falling-off of 13 per cent. in the in-patients in 1913, but the out-patients varied only slightly. None of the twelve made a charge before the Act came into operation (except St. Thomas's, which made a small charge for in-patients), but three of them now ask or propose to ask payment. The general result is that out of nineteen institutions are now making a charge; in three, it is a fixed charge; in three, payments are assessed after inquiry by an almoner; and in the three others, payments are invited and accepted without inquiry. In the majority of the cases the contributions are paid by the patient or her husband; but in some instances payments are made direct by the approved societies, sometimes with the help of an almoner who assesses the amount. There would seem, however, to be doubt as to the strict legality of some of the ways in which moneys have been handed from the society to the hospital. Some of the secretaries of institutions which exacted no payments stated that many of the women were quite unable to pay any of the cost, for "it was often ear-marked already for high rents, redemption of clothing from pawn," etc. With regard to the three methods of exacting or soliciting payment (the fixed charge, assessed payment after inquiry, and the simple invitation of contributions), Mr. Kemp does not state his preference, although he quotes one matter who reported very favourably on the third. After all, a good deal depends upon the necessities of the institution itself; if it has to supply cases for medical students and midwife pupils and is finding difficulty in so doing it will be tempted to make no charge and to exercise no discrimination. Mr. Kemp thinks it is doubtful whether the plea of keeping up the medical school is a sufficient excuse for some of the methods employed to attract cases: the is of opinion that a preferable plan would be the better allocation of the ground to be covered between the various competing institutions. He mentions the fact that a few square miles to the north of Oxford Street are served by four general hospitals by a lying-in hospital, a maternity charity, the out-patient midwives of another lying-in hospital, and a women's hospital: certainly it would be well if these various institutions were not jostling each other closely. The report is of considerable value, and it seems to show that the coming of the maternity benefit has had a serious immediate influence upon maternity hospitals and the maternity departments of general hospitals; that the best way of adjusting these institutions to the new conditions has not yet been discovered, and that, in particular, the money difficulty has not yet been got over in a perfectly satisfactory way. It is doubtful if the money difficulty can be got over at all without a reassessment of some parts of the Act. — British Medical Journal.

Benger's Food, Otter Works, Manchester, for infants, invalids and the aged is to be commended as highly nutritious and easily digested.
GOLDEN RULES.

A set of four postcards drawn up by Miss Dora Vine, certified midwife, deserve to be widely circulated.

No. 1 "Golden Rules" will go far if followed to secure a healthy childhood for a baby. They insist on breast feeding, regular feeding, no comforter, no drugs, free movement in a safe place, plenty of sunlight, and air night and day, regular habits, sleep, fresh air and exercise.

No. 2 treats of thrush: "Listen to the thrush singing; have a frog in your garden, but have neither in your baby's mouth."

No. 3 is concerned with what every baby needs, whether well or ill.

No. 4 is a striking illustration of a baby's stomach, the size, and showing what the baby's first need (one ounce) should measure.

The postcards are published by A. Wheaton & Co., Ltd., Exeter.

EXPECTANT MOTHERS.

The London and Central Committee on Women's Employment for England and Wales proposes to take over workshops and factories from occupiers whose business is at a stand-still and employ the workers. The first articles to be produced under these schemes should, it is considered, be for the use of expectant mothers, a great number of whom are at present in the distressed. Miss Anderson, the Matron of the East London Lying-in Home, states that 500 maternity outfits could be allocated in Stepney alone between now and Christmas, and she is prepared to guarantee that in every such case the child would otherwise be actually without sufficient covering to maintain it in a healthy condition.

The General Nursing Association, 23, Scotia Street, Glasgow, has offered to attend, free of charge, expectant mothers whose husbands are at the front on military duty.

With a view to a reduction of the mortality attending childbirth, a system of training midwives for work among the poor has been in vogue for some years past in Hong Kong, and these women are maintained at the Government expense after completing their training; nine of them attended 2,320 cases of confinement during the year, with only 8 casualties, including 1 case of puerperal fever, 2 of post-partum haemorrhage, 1 of cardiac failure, and 1 of hemiplegia.

At Messrs. Burroughs Welcome & Co.'s Exhibition Room, 51, Wigmore Street, there is a special display of first-aid medical dressings and equipment which may be inspected by nurses who wish for information without any obligation to purchase. Those who cannot visit this Exhibition Room should write the firm for printed matter and particulars.

A PRETTY INCIDENT.

On Tuesday morning last, a representative of The British Journal of Nursing witnessed a stirring though touching scene, in which the staff of the General Lying-in Hospital, York Road, S.E., played a leading part.

The strains of distant music were heard, and shortly afterwards a band, heading a large detachment of the Grenadier Guards bound for the Front, came into view.

On the spacious steps of the Hospital the staff, in spotless uniform, lined up, and dainty white handkerchiefs were freely waved. "Tommy," who always has a warm corner in his heart for nurses, responded splendidly. Each group of men as they passed waved their caps and gave three real hearty cheers. The incident deeply touched the numerous onlookers.

NATIONAL UNION OF TRAINED NURSES.

REGISTER OF NURSE VOLUNTEERS.

Since the decision of the Executive of the National Union of Trained Nurses to open a register for trained nurse volunteers and for those who needed their services, 900 applications have been received from nurses, thus showing that the profession itself appreciated efforts made to avoid overlapping and provide a clearing house under professional control.

On this large number, 424 have been interviewed up to date, and a confidential report received. Miss Gibson (late Matron of Birmingham Infirmary and Chairman of the London Branch) and Mrs. Taylor (late Matron of Moorfields Hospital) have taken charge of the interviewing at the Central Office, of volunteers in and near London, both having given an enormous amount of time and trouble to the work, while in the Provinces no less than 6 Matrons of the best training schools in the country have also most generously given time and thought to this work, and this in spite of the extra work that has fallen upon many of them.

A large number have been recommended for foreign service through the St. John's Ambulance Association, the French Red Cross, &c., but not very many are now being sent abroad, and only those who can speak fluent French are now required.

Thirty-two Red Cross Hospitals in various parts of the country are registered, and either have been, or will be, supplied with fully trained nurses on mobilization, and a fair number of civil vacancies have also been supplied. The supply of trained nurses appears at present to exceed the demand, probably owing to the splendid way in which nurses just retired have offered to don harness again, and others earning good fees in private nursing have offered to work in institutions voluntarily, on at the lower institution rates. But it is probable that the real need will arise later. Close on a hundred Societies and Associations have applied for nurses so far for work at home.
EDITORIAL.

A PERNICIOUS SYSTEM.

"I have never had control of the Nurses; the Master has that."

We quote these significant words from a letter, which appears in full in another column, where in all its sadness is reported the inquest on the late Miss Charlotte Phipps, Superintendent Nurse at the Barnet Workhouse—a tragedy the lesson of which cannot in justice be ignored by the Local Government Board. For the whole of the evidence tends to prove that it was the intolerable system enforced by Local Government Board Orders—which place the administration of the highly special department of Nursing in Workhouses, not under the authority of the trained Superintendent Nurse, but under the authority of the usually ill-educated Master—a man whose social experience in no way fits him for the unbridled authority he is often permitted by male Guardians to wield, even in the general management of a public institution; and whose interference with educated professional women's work, and the personal control of women nurses, is as intolerable to individuals as it is disastrous to discipline.

We have no hesitation in stating that in our opinion it was the result of this pernicious system, imposed on a sensitive, conscientious, and capable nursing official by autocratic and ignorant men, which is responsible for the ill-timed death of Charlotte Phipps.

Forced by constant injustice to resign her appointment, she deliberately took her own life, and left on record—"I am not afraid; I expect more mercy shown me by God than the Barnet Board of Guardians has shown me"; and "I have just had all the nerve and spirit crushed out of me." She was careful to record her gratitude to the lady Guardians and "those gentlemen who have fought for fair dealing and justice"; a cry from the grave which inspired both the Coroner and the Jury in their verdict, to express in strong terms, their indignation at the manner this victim of a senseless and unjust system of Infirmary management, had been driven to her death.

In her evidence at the inquest, Miss H. Hawkins, one of the Guardians, placed the nursing profession under a debt of gratitude, by condemning the system whereby the Master has power to interfere unduly in nursing matters—such for instance as engaging temporary nurses without consulting the superintendent nurse, who in consequence knew nothing of the qualifications of the nurses engaged, over whom she had little control. Miss Hawkins said the Poor Law system in this particular was decidedly wrong, and humiliating to a Superintendent Nurse of experience, and the whole infirmary nursing world will support this contention. She asked that a recommendation should go from the jury to the Local Government Board to free the office of Superintendent Nurse from the heel of the Master.

Other witnesses also attested to the friction between the Master of Barnet Workhouse and the deceased woman, and so we are driven back to the old and inevitable trouble—so injurious to the well-being of an institution, the friction which is certain to arise when a trained nurse is placed under the absolute control in everything (except only the directions of the Medical Officer) of the Master of the Workhouse, so pathetically set forth by the dead woman in her letter to the Chairman of the Board in which she wrote: "I do beg to point out that I have never had the control of the Nurses; the Master has that."
Will the Local Government Board, deaf hitherto to the voice of the living, listen to the voice of the dead? If not, not only will it be doing grievous wrong, but the shortage of nurses in the smaller infirmaries will not only continue but increase. The relative positions of the Master and Superintendent Nurse in workhouse infirmaries, as at present defined, must be altered, and that without delay.

We hope the Infirmary Matrons Association, in conjunction with the Association of Superintendents Nurses, will move in this matter.

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF ANTI-TYPHOID VACCINATION AND ITS PREVENTIVE INFLUENCE?

We have pleasure in awarding the prize this week to Miss Dorothy W. Maton, Prince's Hotel, Bournemouth.

PRIZE PAPER.

This kind of vaccination is the injection of the anti-typoid "vaccine" into the body, and was first carried out successfully by Professor Almroth Wright, both during and since the South African War.

Obtaining the serum.—The serum, or "vaccine," is obtained as follows. The typhoid bacilli are put into broth, in which they thrive and multiply, and in due course produce a poison or "toxin." The germs are now heated until they are all dead, and the toxin obtained is injected into a lower animal, such as a horse, in small doses at first, which are gradually increased until the horse shows no symptoms, and is acclimatised to the poison. Now some of the horse's blood is drawn off into a sterilised vessel and allowed to coagulate, when the "serum" or fluid part of the blood is allowed to run off.

Injecting the serum.—The seat of injection is thoroughly washed, with an antiseptic soap (such as "Sterilla"), and the "vaccine" is injected deeply under the skin by a special sterilised syringe, in either the flank, abdomen or shoulder. The injection is followed by slight constitutional disturbance, such as a rash or pains in the joints, but these quickly pass off, and need give no alarm.

Preventive influence of the serum.—The immunity from typhoid fever after the vaccination is of two years' duration, and as the patient will most probably be out of the infection area by that time, it will not be necessary for him to be re-vaccinated, unless of course he is liable to re-infection. In order to help the "vaccine" to do its preventive work, steps should be taken as far as possible to prevent any sources of infection as flies, dust, or bacilli carriers, and during an epidemic all drinking water and milk should be boiled.

HONOURABLE MENTION.

Miss Dora Vine, Miss C. F. Martin, Miss G. Toller, Miss K. Yeats, and Miss A. Long.

Miss Vine writes:—The horses employed at a Vaccine Centre are most carefully looked after, and must all be in a perfect state of health. Into these carefully selected horses the poison produced by the germs of typhoid are gently inoculated from time to time in gradual doses. This process takes several months, and is carried out with the utmost care, asepsis, and humanity. At the end of the treatment the horse is immune to typhoid. This means that the horse now possesses a certain element in its blood that has inherent antipathy to typhoid bacilli. . . . It is to be hoped that those of us who can make the value of this treatment known will do so. Very many middle-class recruits have a curious dislike and dread of anything in the way of vaccination. Trained nurses can do a splendid work as pioneers in placing in simple language the facts before the public, especially making the women see what anti-typoid inoculation can do for their dear ones.

QUESTION FOR NEXT WEEK.

Mention four classes of wounds, and how they may be caused.

THE NURSES' MISSIONARY LEAGUE.

The Valedictory Meetings of the Nurses' Missionary League, to wish God-speed to twenty-two members who sail for the Mission Field this year, will be held as usual at University Hall, Gordon Square, W.C., on Wednesday, September 30th, opening at 9.30 a.m. We regret the programme reached us too late for the insertion as a whole, but arrangements have been made for a most inspiring day. The morning session will open with the National Anthem and Prayer for doctors, nurses, and troops, and the Rev. M. H. Richmond will give an address on "Peace." There will also be an address on "The War and Missions." A conversazione will be held in the afternoon, which will afford an opportunity for meeting sailing members, nurses from the mission field, and other missionaries.

An interesting list of subjects and speakers has been arranged for the evening. There will be the usual hospitality.
HOW DISEASE MAY BE FUGHT.

THE RELIGION OF SANITATION.

Sir William Osler has an effective way of putting a case which specially appeals to men, and in his address to the officers and men in camp at Churn last week, he dealt on the importance of safeguarding troops in active service against attacks of disease, which, as he showed, are more destructive of life than the assault of the enemy. For the benefit of nurses on active service we quote from the admirable report in the Morning Post:

Sir William Osler said he had been asked to say a few words on the general question of health in war-time. Formerly it was said that an army marched on its belly, now it marched on its brains. Only by utilising fully existing knowledge, in all grades, from Commander-in-Chief to private, was the maximum of success available. To put the largest number of the enemy out of action with a minimum of loss to his own men was the aim of every general. While in one way modern war merged the individual in a great machine, on the other hand the intelligent action of the unit had never been so important a factor in making the machine work smoothly and efficiently. After all, it was the man behind the gun who won the victory. What he wished to urge was a true knowledge of the foes to be met—not simply of the bullets, but of the much more important enemy—the bacilli. In the wars of the world they had been as Saul and David—the one slaying thousands, the other tens of thousands. He could never see a group of recruits marching to the depot without mentally asking what percentage of these fine fellows would die legitimate and honourable deaths from wounds; what percentage would perish miserably from neglect of ordinary sanitary precautions. It was better enough to lose thousands of the best of our young men in a hideous War, but it added terribly to the tragedy to think that more than one-half of the losses might be due to preventable disease. Typhus fever, malaria, cholera, enteric and dysentery had won more victories than powder and shot. Some of these diseases need no longer be dreaded. Typhus and malaria, which one hundred years ago routed a great English army in the Walcheren expedition against Antwerp, were no longer formidable foes. But enough remain, as we found by the sad experience in South Africa. Of the 22,000 lives lost in that War, bullets accounted for only 8,000, bacilli for 14,000.

A LESSON FROM JAPAN.

In the long, arduous campaign before us now, more men would go into the field than ever before in the history of the Empire. Before it was too late, let them take every possible precaution to guard against a repetition of such disasters. He was there to warn soldiers against enemies more subtle, more dangerous, and more fatal than the Germans—enemies against which no successful battle could be fought without their intelligent co-operation. So far the world had only seen one great war waged with the weapons of science against these foes. The Japanese went into the Russian campaign prepared ad infinitum against bacilli as against bullets, with the result that the percentage of deaths from disease was the lowest that had ever been attained in a great War. We were not likely to have to fight three of the greatest of former scourges—typhus, malaria, and cholera—though the possibility of the last had to be considered. But there remained dysentery, pneumonia and enteric—against two of which we should be able to bring to bear successfully resources of modern science.

DYSENTERY AND PNEUMONIA.

Dysentery, an inflammation of the large bowel, has been for centuries one of the most terrible of camp diseases, killing thousands, and in a prolonged damage to health was one of the most fatal of foes to armies. So far as we knew, it was conveyed by water; and only by carrying out strictly, under all circumstances, the directions about boiling water could it be prevented. It was a disease which, even under the best of circumstances, could not always be prevented, but with care the incidence should be reduced to a minimum, and there should never again be widespread outbreaks in the camps themselves.

Pneumonia was a much more difficult disease to prevent. Many of us, unfortunately, carry the germ with us. In these bright days all went well, and in a holiday camp; but when the cold and rain came and the long marches, in the exhausted or the wounded the resisting forces of the body were lowered, the enemy—the pneumococcus—always on the watch, overpowered the guards and rushed the defences and attacked the lungs. They must be careful not to neglect coughs and colds. A man in good condition should be able to withstand the ordinary wettings and exposures without much lowering of the system, but in a winter campaign pneumonia caused a large amount of sickness and was a serious enemy of the soldier.

RAVAGES OF ENTERIC.

Above all others, one disease had proved most fatal in modern warfare—enteric, or typhoid fever. Over and over again it had killed thousands before they ever reached the fighting line. The United States troops had a terrible experience in the Spanish-American War. In six months, between June and November, inclusive, among 197,973 officers and men in 92 Volunteer regiments, 20,738, practically one-fifth of the entire number, had typhoid fever, and 1,580 died. Fortunately, in this country, typhoid was not prevalent in the districts in which camps were placed. The danger was chiefly from persons who had already had the disease, and who carried the germs in their intestines, harmless messmates in them, but capable of infecting barracks or camps. They could easily understand how ths could convey
the germs from these carriers far and wide. It was in this way probably, and by dust, that the bacilli were so fatal in South Africa. There were 37,681 cases of typhoid fever, of which 19,154 were invalided and 8,032 died. More died from the bacilli of this disease than from the bullets of the Boers. Let this terrible record impress upon them the importance of carrying out with religious care the sanitary regulations. One great advance in connection with typhoid fever had been made of late years. An attack of an infectious disease so altered the body that it was no longer susceptible to another attack of the same disease; when a person had once had scarlet fever, small-pox, and chicken-pox, he was not likely to have a second. He was immune, or had what is called immunity. Against small-pox all of them had been vaccinated—a harmless, safe, and effective measure.

**The Efficacy of Inoculation.**

He wished, continued Sir William Osler, to ask them to take advantage of the knowledge that the human body can be protected by vaccination against typhoid fever. Discovered through the researches of Sir Almroth Wright, the measure had been introduced successfully into our own Regular Army, into the Army of France, the United States, Japan, and Germany. The appalling incidence of typhoid fever in the volunteer troops in America during the Spanish-American War resulted largely from the wide prevalence of the disease in country districts, and the camps became infected; and because we did not then know the importance of the fly as a carrier, and other points of great moment. But in the Regular Army of the United States, where inoculation had been practised now for several years, the number of cases had fallen from 1,533 per thousand men to practically nil. In a strength of 90,946 there were in 1913 only three cases of typhoid fever. In France, the enteric rate among the unvaccinated was 168.44 per thousand, and among the vaccinated .38 per thousand. In India, where the disease had been very prevalent, the success of the measure had been remarkable. In the United States, and in France, and in some other countries this vaccination against the disease was compulsory. It was not a serious procedure; one might feel badly for twenty-four hours, and the site of inoculation would be tender, but he hoped he had said enough to prove that, in the interests of the cause, they should gladly put up with this temporary inconvenience. If the lessons of past experience count, any Expeditionary Force on the Continent had much more to fear from the bacillus of typhoid fever than from bullets and bayonets. Think, again, of South Africa, with its 57,000 cases of typhoid fever! With a million men in the field, their efficiency would be increased one-third if we could prevent enteric. It could be prevented. It must be prevented; but meanwhile the decision was in the hands of those whom he addressed, and he knew it would be in favour of their King and country.

**INTERNATIONAL NEWS.**

We have received several letters from our International colleagues asking if it is likely that the great international gathering of nurses will take place next June at San Francisco. So far we have received no intimation from the United States of America, deciding to postpone it. It is certain, however, that unless this terrible War is settled more speedily than we anticipate, contributions from Europe for the International Nursing Exhibition cannot possibly be sent over on any very great scale, at the early date upon which we were invited to have them transported. On the other hand, this great nursing event is not timed to take place until eight months hence—already delegates from many countries have arranged to attend—others are saving money for the purpose, and if all this misery is at an end, and Peace either signed or within measurable distance—what a happy reunion the nurses of the world might have. Truly, nursing has no nationality, and no shadow of bitterness towards one another can possibly arise. The sick and wounded, friend or enemy, is our sacred charge, and any woman who can harbour an unkind feeling for any soldier who falls at his country's call, little appreciates either a soldier's duty or her own. For our part we have thought much and in deep sympathy with dear Sister Agnes Karll, and our many German sisters, whose kindness and generosity to us, when as their guests in their native land, we enjoyed their boundless hospitality in 1912, that to meet them all again, in a neutral world across the Atlantic would indeed be cause for rejoicing. If Peace has come by June, 1915, the members of the German Nurses' Association will, we know, be as happy to greet us in international amity at San Francisco, as the delegates of the great British Confederation of Nurses from home and overseas, will be to greet them. And Columbia will give us all her benediction. May this be the happy consummation to our present patriotic duty.

In a letter just received by Mrs. Bedford Fenwick from Miss Annie W. Goodrich, President of the International Council of Nurses, she writes:—

Shortly after my return to New York I found a telegram from Dr. Criswell asking for instructions concerning the nursing exhibit. At an informal meeting at which Miss Dock and Miss Foley, chairman of the American Exhibit Committee, were present, it was the consensus of opinion that, owing to the War, it would be better to give up all thought of an exhibit, and I there-
Miss Nutting has not yet reached New York, but we know that she has reached Newfoundland safely, and we expect her here on the 16th.

In case you have not heard from Miss Dock, I think she judged that it might be possible for us to continue our plans for the Congress. She was doubtful about the advisability of beginning our efforts for the Florence Nightingale Memorial Fund and quite positive that we should not attempt in such strenuous times the exhibit.

I need not tell you that your country in its present distress is constantly in our thoughts. In fact the terrible suffering that is going on all over Europe makes it seem impossible to settle down to simple everyday matters, even at this distance.

By the same mail Miss Dock writes:—

We had a little meeting yesterday and decided there should be no exhibit at San Francisco, Miss Goodrich, Miss Crandall, Miss Foley, and several of the New York Exhibit Committee. It was felt that money should not be spent that way, especially as we shall have, probably, no European nurses, and maybe none from any country. Already severe financial stringency is felt here.
Thousands of workers are losing work, and nurses already feel a decided pinch. Then, with all truce appeals for relief, philanthropists will have no money to spare. Of course, the whole Panama Exhibit is bound to be seriously affected. The managers are still keeping up a good front, but if it war continues to extend round the world I should think it quite probable the whole thing might have to be postponed. I feel, too, that it is useless to hope at present for gifts to the International Memorial to Miss Nightingale, though as yet we have made no announcement—events will decide that for us.

As the Annual Meeting of the National Council of Nurses of Great Britain and Ireland will not be held until November, the President will be greatly obliged for the opinion of the Presidents and members of the Societies and Leagues which form the Council, on the points raised in these letters. She feels sure that neither energy nor funds will be forthcoming for the support of an international exhibit, nor can much be hoped for in support of the Nurses’ International Memorial to Miss Nightingale. The latter appeal must be postponed until a more convenient season. The money already received has been banked, and can quietly wait augmentation in a happier future.

MEDICAL SUPPORT FOR NURSES’ REGISTRATION.

Dr. Henry M. Hurd, for so many years the Superintendent of that hospital of world-wide repute, the Johns Hopkins Hospital at Baltimore, has a most encouraging article on Nurses’ Registration in last month’s Modern Hospital, the leading institutional journal in the United States:

STATE REGISTRATION OF NURSES.

The movement to register nurses in various states has followed very closely a similar movement twenty years ago to procure the examination and registration of physicians in the United States. At that time the effort to register physicians was regarded as futile and not destined to have any permanent value. It has, however, done more to promote medical research and study, and the reorganization of medical education, than any other similar movement during the past century.

A similar benefit promises to follow the effort which began in 1903 in a similar way to register trained nurses and to give them a certain standing before the public. Much, in fact, has already been accomplished for the betterment of the training of nurses and their protection in nursing by this movement. At the present time thirty-nine states have more or less perfect laws governing the registration of nurses. In eight of these states such registration is compulsory, and no nurse is allowed the privileges of a trained nurse without passing an examination and receiving the endorsement of the state board. In the remaining thirty-one states the law is permissive, and the registration of nurses assures certain privileges and opportunities which do not come to those who have been unwilling to have their qualifications tested by an examining board, and proper scrutiny into their antecedents and method of education. It does not require a prophet to predict that the time is not far distant when all states will have registration laws governing the practice of medicine and no less the practice of nursing. It is consequently well to consider what ought to be done now to perfect methods of examining, testing, and licensing women to practise the profession of nursing. It would seem desirable to make examinations and licences compulsory in each state, in order to protect the public from incompetent and inefficient nurses, such as graduate from small special private hospitals or correspondence schools, and who may not possess the general practical training which constitutes the trained nurse. To this end the existing laws must be strengthened and enforced. There must also be standards of preliminary education, the establishment of proper age, and guarantees of proper home training. Following this, there must be some assurance when a nurse is known as a registered nurse that she has had the requisite training in various branches of nursing, and has profited by her opportunities. Once approved by a state examining board and allowed to write herself down as a registered nurse, the state owes it to her to protect her in her rights and not subject her to the competition of half-educated, untrained, and incompetent women who may be turned out by commercial hospitals and correspondence schools.

SICK ATTENDANTS, ORDERLIES, AND NURSING MAIDS.

As a logical result of such training and preparation of competent women, there should also be a general movement to supplement this higher educational work by providing training for attendants on the sick, and for educating, training, and supervising male and female attendants on the sick of the type of the hospital orderly, and also for the training of nursery maids. To these should be given an assured position in the training system of each state, and their work should be organised, supervised, and improved.

A very limited number of the Superintendents of Nurse Training Schools in the United States think the latter plan feasible.

TRUE TALES WITH A MORAL.

NURSING UP TO DATE.

During pause in elementary Red Cross Lecture, Modern girl (to friend in front row): “Oh! I do so long to go to the front; but it is all so unfair; they are actually sending hospital nurses on active service who may have been trained years ago; and we who are up to date are kept at home!”
NURSING AND THE WAR.

The following are the channels through which nurses have been able to take part in Army nursing:—Through Queen Alexandra's Imperial Military Nursing Service, at work in time of peace; through the Reserve of that Service, it is formed principally of trained nurses from general hospitals, which guarantee to provide so many nurses for active service in time of war; a retaining fee being paid, also all expenses when the nurses are called up. The Imperial Naval Nursing Service is organised on much the same system. These nurses work in Naval hospitals and on Hospital Ships. There is no individuality about these Reserves, as the nurses are selected and sent on duty as required without previous experience of Naval or Military nursing. The Territorial Force Nursing Service is organised in time of peace for service in time of war. Each Principal Matron, Matron, Sister or nurse is a personal volunteer, and there should thus exist a strong sense of esprit de corps throughout this Service.

The two responsible bodies which have power to select and send nurses on active duty are the Order of St. John of Jerusalem in England, and the British Red Cross Society.

Then there are the voluntary hospitals supported by rich sections of the public, who select their own staffs. We are of opinion that these "pirates," as they have been called, seldom realise the importance of efficient nursing. Thus through the agency of some of them many persons are sent to the front who would be much better left at home. For instance, by more than one, to whom a number of thoroughly trained nurses offered service, they have been refused, and a probationer from a London hospital sent out, "because her people are paying a guinea a week for her!" Also women who have not been nursing for years, and who have been recently engaged in other avocations, are taken as volunteers if they pay their own expenses, and the thoroughly trained professional woman, who requires a small salary and expenses, is thus superseded in her own skilled work. In this war we are also to have Australian, Canadian, and American Red Cross Hospitals at the front.

Now that so many Sisters have been sent to the Front through the War Office, we feel sure the public would greatly appreciate a few authoritative details concerning them. There is no reason why the names of those selected for active service should not be published, and any other news concerning them which the War Office thinks well to issue. All have anxious friends.

The language difficulty has come home to us very seriously in this war, as a very limited number of nurses have a practical knowledge of any language but English; and unless the hospital is staffed with English doctors, great inconvenience may arise through misunderstanding directions or patient needs. To attempt to learn French on the spur of the moment from a few scrappy sentences in books is, in our opinion, perfectly useless.

We suppose it is very little use sounding a note of warning to those nurses going on foreign service, who are apparently deficient in savoir faire and instinctive good feeling. The letter in our last issue from Miss Ada Samuda expresses very plainly the feeling of the average English gentlewoman, and it is safe to take such feeling into consideration, and as an example. We devoutly hope our profession is not going to be subjected to the same humiliating experience through which it lost caste so terribly in the South African war. Already we regret to state, it is reported on good authority that an English nurse dined in a public restaurant in Brussels with a German officer, than which nothing could be more shameless and disloyal. Also we know for a fact that a nurse from a much-vaunted leading London hospital dressed herself up in a Greek officer's uniform, much to his amusement, during the recent Balkan war! Such episodes are a disgrace to our cloth, and bring our noble work into contempt. We do implore those who wear our uniform on active service abroad, whether they are trained or not, to render it the respect it deserves. The circumcision of the religious might well be emulated by the lay community when on active duty.

A Territorial nurse writes: "We had fourteen German wounded prisoners brought in the day before yesterday, all bullet and bayonet wounds. Two speak a little English and French, so we manage to understand them. Later in the day the nurses were forbidden to go into the ward, only male nurses were to be admitted, which meant we had to do orderlies' work. I washed up all day yesterday for about sixty patients. But after all, they found they could not do without us, so we are back in our ward to-day, with a sentry at each end of it and sentries with drawn bayonets outside, which looks very impressive!"

At Harlesden Congregational Church on Sunday evening Rev. W. A. Kerr read a letter received from Miss Lucie H. France, a member of the church who is now engaged at the 4th Southern General Hospital, Plymouth. The hospital was an improvised schoolroom which Miss France states was "not spotlessly clean," and the women were all impatient because the cleaning wasn't getting on fast enough. So "we went out one morning and bought scrubbing brushes, house flannels, soap, &c., all kinds of such things, and commenced doing a bit ourselves, and I tell you candidly we didn't half do it. We stuck at nothing except the floors, and, my word, the mud did come off! I'm sure the County Council will be grateful to us when they come into their own again. Twill be a healthier place for the kiddies, and no mistake. Our first batch of warriors
numbered 102 altogether; 10 quite helpless ones came into my ward. I shall never forget their arrival. We were at the windows. There was a large crowd of cheering people round the gates, as stretcher after stretcher was brought in from the ambulances. A big lump came into my throat when I received my first battered, grimy bundle. This was quickly followed by 18 others, all more or less in the same condition. They had been travelling four days with only a first aid dressing on their wounds, and that under anything but comfortable conditions.

"We guessed they would be in a terribly dirty state, so we previously stretched a blanket over each bed, in which we rolled the poor things until we could get their wounds dressed and their clothes off. How glad was each one when he was finally tucked up and given some food. They were so hungry; for two days we could scarcely satisfy them."

After giving other interesting information, Miss France adds a little sentence which will encourage many to think of those who have left their friends in Willesden for these national duties: "I had a message from the Christian Endeavour at Neasden. It is good to know that one is remembered in the prayers of others. One needs them all just now."

**Queen Mary's Canadian Military Hospital.**

We reported last week that the War Office had accepted a military hospital from Canada, to be called "Queen Mary's Canadian Military Hospital," and expressed the hope it would be staffed by Canadian nurses. This, we are informed by the Surgeon-in-Chief, Mr. Donald Armour, F.R.C.S., will, if possible, be the case. The services of the following Canadians, who are at present in London, have been accepted as nurses:—

Miss Muriel Galt (Montreal General Hospital), who was a nurse in the Spanish-American War; Miss Gertrude Squire (Royal Victoria Hospital, Montreal), who attended the Duchess of Connaught in her illness; Miss L. R. Bryce (Toronto General and Sick Children's Hospitals); Miss Flora Pyke (Toronto Sick Children's Hospital); Miss Bessie Mitchell (Toronto General and Sick Children's Hospitals); Miss Amy MacMahon (Johns Hopkins Hospital); Miss Flora Wylie (Royal Victoria Hospital, Montreal); Miss G. L. Baynes (Montreal General Hospital); Miss J. M. M. Wake (Victoria Jubilee Hospital, Victoria, B.C.); and Miss Beatrice Hassell (Victoria Jubilee Hospital, Victoria, B.C.).

In addition to these, ten or twelve nurses are expected to arrive in London in a few days, who are being sent over from Montreal by the Women of Canada Association, which has presented a hospital of 100 beds at Haslar to the Admiralty. We have also sent in names of Canadian volunteers.

Several nice country houses have been offered to the St. John Ambulance Association where tired nurses from the front can convalesce or rest.

**The "Last Post."**

We deeply regret to record the death of Miss Minnie Bailey Thompson, who died at St. Mary's Hospital, Paddington, on the 15th inst., and who was on active service as a member of the Territorial Force Nursing Service at No. 2 London General Hospital, St. Mark's College, Chelsea, when taken ill. This is the first death of a Territorial nurse on active service, and her loss is sincerely lamented by many colleagues and friends. It is recorded of her that she was greatly beloved by all who knew her. What better epitaph?

The funeral, which was conducted with full military honours, took place on Friday, September 19th at Brompton Cemetery. The first portion of the service was held in the chapel belonging to the College. The body lay on a bier at the entrance to the chancel covered with the Union Jack. The floral tributes, of which the prevailing tone was scarlet, were arranged around the bier. Three tall funeral lights stood on either side.

Silently her comrades in their picturesque uniforms took their seats on the south side. Those who were to accompany the funeral to the cemetery were in outdoor uniform, and the remainder wore the regulation cap and apron. All wore a black armlet. On the north side were accommodated the civilian nurses. The service was read by Canon Wilberforce, and the hymn "On the Resurrection Morning" was sung very sweetly. At the conclusion all stood while the Dead March was played with great solemnity, and the body was carried between two lines of orderlies standing at salute, to the gun carriage awaiting it. The procession then formed, and was preceded by a detachment of Territorials accompanied by their mounted commanding officer. Immediately following the coffin came the civilian nurses, amongst whom we recognised several University College Hospital faces. Then came the Territorial Nursing Staff, whose rear was brought up by the Matron-in-Chief. Then another detachment of Territorials, and other mourners.

A large concourse of people collected along the route, which was of considerable extent.

The grave was prepared in the military portion of the cemetery. At the conclusion the "Last Post" was sounded, announcing its unforgetable wail that the work of Minnie Thompson was as far as this life is concerned over, and that she had gone to reap the reward promised to those who tend their Master in the persons of His sick and suffering. "The sleep of the labouring man is sweet."

Amongst those present were Miss Darbyshire, Principal Matron, and Miss Riddell, Matron of No. 2 London General Hospital, Miss Cox-Davies, Principal Matron No. 1 Hospital, and Miss Finch, Matron of University College Hospital.

In reply to enquiries from friends, we have received no news from Miss Cutler, but have reason to believe she and her party are well.
DESPATCHED TO THE FRONT.

St. John Ambulance Association.

Miss Bryant was in charge of the contingent of nurses sent to Antwerp last week by the St. John Ambulance Association upon the request of the British Minister there. Miss Worsley, Miss Latham, Miss D'Arcy, Miss H. A. Harris, and Miss Lawless formed the party.

The party had a delightful voyage and arrived safely under the kind care of Major Gordon. Miss Bryant will probably co-ordinate and help all the St. John Ambulance nurses in Antwerp, of which there are now about thirty. They are distinguished by their own badges, and wear the Belgian ribbon on cloak and brassard on arm.

We are pleased to know that all the work of organising a hospital for the front by Mrs. St. Clair Stobart has not been thrown away. It will be remembered that she was taken prisoner by the Germans in the middle of August in Belgium, but mercifully was permitted to return home through Holland. Her party and all equipment was stopped at Ostend and returned to England.

On September 20th Mrs. Stobart and her party left Tilbury for Antwerp, under the authority of St. John Ambulance Association.

It included the following six medical women and ten nurses:—Dr. Florence Stoney, M.B., B.S., Dr. Rose Turner, L.R.C.P., and S., Dr. Emily Helen Morris, M.B., B.S., Dr. John Watts, Dr. Helen Hanson, Dr. Ramsay. Nurses: Misses E. Bailey, F. Clifton, M. Finch, L. A. Griggson, J. Kennedy, J. Thompson, E. C. Trestrail, C. Tully, C. Willis, C. Wilson.

The British Consul, Sir Cecil Herslett, has undertaken to provide a building suitable for the purpose of a hospital. The equipment will probably be moved from place to place as the need may arise.

Miss Thurstan has been found—we knew she would be—and her many friends will be glad to know that in a letter dated September 2nd, posted at Ostend and received much later but uncensored, she tells a friend that with two other English Nurses, Miss Broadberry and Miss Bouth, and some Red Cross workers, she is running a hospital of seventy beds for the wounded at Marcelline, a village near Charleroi, in Belgium, under German authority. They were right in the fighting line, and were kept very busy, wounded coming in all the time. Food was very short; they were living on potatoes and lentils, but they were very cheerful in spite of being prisoners and of all the horrors and hardships they had endured.
We are not going to commiserate Miss Thurstan and her gallant companions, and we feel sure to be "in the fighting line" is the height of every Army Nurse's ambition.

Nurses in Belgium.

The friends of the following nurses sent out to Brussels under the authority of St. John Ambulance Association, will be pleased to know they were all well on September 8th, when some of those sent to Belgium returned to England, and are working in the following institutions:—

Metropole Hotel.—Misses Kavanagh, Kelly, Swaby, O'Rafferty, McGugan.
The Palace.—Misses Wright, Ritchie, Stronach, Frost, Hawkins, Peddar, Twist, Lee, O'Shee, Nicholson, Mahony.
Hospital of St. Jean.—Misses Fielding, Burleigh, Carey, Trotter, Dance, O'Neill.
Hospital of St. Pierre.—Misses Bryan, Wetherall, Mabbs, Linforth.
Ambulance, 17, Rue l'Etoile.—Misses Donet, Hanagan, Burnham, Finn.
Fire Station.—Misses Dendam, Jones, Hudson, Harris, McEwen, Ritchie, McLean, Minshall, Girroy, Nourse, Addyman, Roberts.
At Tulle.—Miss Sims.
At Charleroi.—Misses Thurstan, Broadberry, Bouth, Saratius, Campbell.

The Red Cross Society.
The British Red Cross Society is establishing a large base hospital at Ronen, particulars of which will shortly be published. A sufficient staff of well-trained nurses will accompany it.

On September 20th the following nurses were sent to Boulogne by the British Red Cross Society:—Miss E. F. Beedie, Miss E. Jones, Miss M. Tyrie, and Miss M. M. Davies.

Russian Red Cross.

Before leaving for the front the Russian Red Cross workers and nurses were inspected by the Tzar. They formed a splendid body of men, and the nurses are permitted to take every risk in attending the wounded as near the fighting line as possible.

American Red Cross.
The "Red Cross" Hospital Ship from New York was delayed on her mission of mercy owing to international war complications. Originally a German liner, it was imperative that her whole crew should be American citizens, hence the delay. The American Red Cross Corps of Nurses number 125, and as we reported last week are under the superintendence of Miss Helen Scott Hay, one of the progressive educational band of nurse superintendents associated with Professor Adelaide Nutting in her wonderful educational uplifting work for the nursing profession in the States. We learn that the trip across the ocean was to be time well spent. Regular lectures were planned by the surgeons on up-to-date "first aid," the organisation of emergency hospitals, the care of wounds from shot and shell, and of such diseases as result from exposure and overstrained physical and mental conditions. "It is to be a serious trip." With Miss Hay at the helm, we may guarantee that her Corps will be fired with the highest ideals of active service.

"The nurses wish it so," said Miss Hay to a friend bidding good-bye on the other side. "They realise the seriousness of the undertaking, for they are a picked band of young women. I don't believe such a fine group of young women ever went to Europe with only calico gowns. This is all we have."

Those in charge of the units which it is proposed will be landed in England are Miss A. Burgar and Miss J. Beatrice Bowman, and they bring letters from Mrs. Whitelaw Reid, who visited the vessel at Brooklyn in dock, to friends in England. The plans for the distribution of the various units to be sent to the various European countries were to be settled in the voyage across. As Russia is the only country where women are permitted officially on the battle field, the American nurses will not be called to field duty. All, of course, like our own nurses, are ready to go to the very front if required.

A party of surgeons and twelve nurses bound for Servia sailed from Jersey City, U.S.A., a fortnight ago. They go by way of Piraeus, Greece. Miss Mary E. Gladwin is in charge of the nurses, and the adventurous Dr. E. W. Ryan, who so nearly got shot in Mexico when with the Red Cross Mission during the revolution, is the surgeon in charge. It is time a unit was sent to help Servia from this country.

Letters from the Front.

The following most interesting letter has been received from the very Front, addressed to Mrs. Oliver, St. John's Gate:—

Hospital Civile, Marceline,
Charleroi,
September 4th.

Dear Mrs. Oliver,—I do not know whether you ever got a letter I wrote telling you where all the nurses in my charge were placed. I sent it by an American who was going to try to get through the German lines, but whether he ever succeeded or not I do not know. I am writing from Marceline, where the big battle was fought ten days ago—so you see we are quite at the Front.

I had a message to send three nurses at once to the Burgomaster of Charleroi, who had got an automobile through. I thought it might be dangerous, and I could not send three people out I did not know where, to do I did not know what—so as all the others were happily placed I came myself with two nurses—Nurse Broadberry and Nurse Bouth, from Paddington Infirmary. They have been as good as gold, and I have never once heard a single grumble, though there has been a good deal to put up with. The authorities made me matron of the hospital for the time being. It is a hospital that was built ten years ago and never finished, and is being
used temporarily for the wounded. The day we came there were seventy very badly wounded French and German—sent here, and there were only our three selves with some Red Cross people from the town who had attended six lectures, and who nearly drove us quite mad. I wanted to send back at once for some more nurses, but could not for two reasons. First, the Germans would not let us go and fetch them, and there are no trains at all, or posts or telegraphs or telephones. We are prisoners here, of course, and absolutely cut off from everything. And secondly, they did not want any more people, as there was no food. We have really been almost starved. Fortunately, we had each a little private store, and I think that any one else coming out should be told to do the same—(my fountain pen has run out and there is no more ink). There was no bread at first, though we have some now; no butter, no meat; no milk, except for the illest patients. There was practically nothing for anyone the first few days, except beer and potatoes and leeks. But, as I said, the nurses have been very good and put up with everything, though they were dreadfully overworked, and our having nothing to do anything with made it much more difficult. There was no water laid on, hardly any sheets or shirts or ward furniture. How we longed for some of the things all the working parties in England were making. Now, things are much better. The authorities have been awfully good to me, and allowed me to reorganise the hospital and get it all into proper working order. And we have managed to get enough food now for the patients and the staff, and the work is divided up, and everyone happy. The worst cases have died, and the Germans have carried off their wounded, so we have only the French left.

Dr. Wyatt heard that we were very pressed, and yesterday he sent two more nurses, who are not of my party at all—Nurse Campbell and Nurse Sartorius. If we get any more wounded in we shall be able to cope with it now, and I expect we shall have a great many more, as the cannons have been going without ceasing for 24 hours quite close, though we don’t know in the least what is going on. The directors have asked me to stay as permanent Matron of the Hospital, but of course I told them I couldn’t do that. As soon as things quieten down here I will put some one on in my place—Miss Broadberry probably, and get back to my flock in Brussels, who must be feeling rather deserted by this time. They may have been able to get some news through to you—I don’t know, of course. I hope you will approve of all we are doing. I have been obliged to do a great deal on my own account, as it has been impossible to get instructions from England. I told you in my last letter (which I do not know if you ever got) that I was asked to staff an emergency hospital at the Fire Brigade station in Brussels (150 beds). I put 11 nurses in—Miss Denham as Assistant Matron, Sister Jones in charge of top floor, Sister Hudson in charge of ground floor, and gave them each three nurses for day duty and one for night duty. Two others were staffing a little ambulance. Some were working at St. Pierre Hospital, and I hear four have gone to Tlrdement since I left. I will look them up as soon as possible.

This hospital is in the most beautiful position, right at the top of a hill with a very extended view in every direction, but Charleroi is a very sad place just now. Nearly all of it is burnt down and pillaged by the Germans. There are many streets in which every single house has been burnt down. We get no news at all, and it is most trying when the people keep saying "Where are the English. Why don’t they come and help us?" There are 2,000 Germans quartered in the town, and all their rules and regulations which we all have to obey are very irksome. For instance, no window may be open and no shutters may be shut (this is in case people shoot at them from the windows). I hate sleeping with my window shut. Happily we do feel that we are of real use here, and the people are so grateful and so glad to have us. I am so very glad we came. The patients are such dears too, and so grateful. I will keep this by me, and send when I have a chance.

Yours sincerely,

VIOLETTA THURSTAN.

THE WORK OF THE QUEEN’S NURSES IN WAR TIME.

No doubt, numbers of people, including the Queen’s Nurses themselves, are watching with interest the issues of the Nursing Papers, hoping to see what part the Queen Victoria’s Jubilee Institute for Nurses is taking in the work of attending the sick and wounded during War time. This large organization of trained district nurses gives scope for so many and varied branches of work in connection and in cooperation with all agencies which exist for the assistance of the poor in their own homes, apart from the actual nursing.

In Great Britain and Ireland nineteen members of the Army Reserve have been called up, and also 103 members of the Territorial Force Nursing Service; of the latter one is holding the position of Matron, several as Sisters, and the remainder as nurses in hospitals in different parts of the country; many other nurses have been told to hold themselves in readiness. Forty-two nurses have volunteered for Red Cross work. Some of these and have been abroad, one is at Shorncliffe Camp, and another at a temporary hospital for sailors at Cromarty.

This is by no means the extent of the work which is being undertaken: over 200 district nursing Associations up and down the country, are assisting with Red Cross and St. John Ambulance work, and the Queen’s Nurse in most instances is acting at Lady Superintendent and professional adviser. She is giving Nursing Classes, instructing the detachment in bandaging, bed making, splint padding and general ward work in the various temporary hospitals—which have been equipped...
in nearly all of these districts with accommodation ranging from 10 to 500 beds according to the size of the district, with a view to making them competent and capable of undertaking the necessary duties which will be required of them should the wounded or convalescent be put under their care. Valuable assistance has been given by the nurses with regard to the equipment of these various hospitals. Several districts have offered hospitality to the Belgian Refugees, the nurses assisting with the medical inspection on their arrival. In yet another district, where thousands of soldiers were billeted, it was found necessary to open a temporary hospital for the ones who fell sick; a Queen's Nurse took charge and was able, with the assistance of voluntary workers, to have the men properly attended.

The various Relief Committees realize the great assistance that the nurse is able to give them; she is very successful in this branch of work, owing to her knowledge of the home conditions of numbers of families in her district, and enters the home as a friend. Last but by no means least, are the sewing classes in which the nurses take a part. Hundreds of garments are being made and valuable help is given with regard to the size and shape of the necessary articles required.

Many volunteers, whose services have not been required by the War Office, including ex-Queen's Nurses and others, have offered to take the places of nurses who have already been called up, and so the districts have been supplied with temporary assistance as far as possible.

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RED CROSS WORK IN GERMAN LINES.

The following notes have been sent to The Lancet by one of Dr. S. Osborn's assistants who has been in charge of a Red Cross contingent in Belgium since the commencement of the war:—

"We have just returned to Brussels after spending a week at Gembloux treating German casualties from the battlefields around Namur and Aizen. During that period about 350 Germans passed through our hands, and altogether we must have seen 1,500 or more cases. At first some of the Germans refused to be treated by us, and as we were not allowed to help the wounded prisoners we had time on our hands in which to observe the German medical corps on active service. It cannot be said that their methods impressed us favourably. Among the cases that came under us for assistance, wounds of the extremities were at least three times more common than in other parts, the upper extremity suffering equally with the lower. In the gunshot wounds there was the usual small wound of entrance with the larger one of exit, which was suppurring in 90 per cent of our cases, showing that the German first field dressing is not a very efficient preventive against sepsis. The wounds of entrance healed rapidly; there was no sinus left, the typical wound at the end of four days being represented by a suppuring patch of tissue about an inch in diameter at the place of exit. We saw few fractures, but such as occurred were severe and compound. Several of these had been treated at dressing stations with plaster-of-Paris splints—a dangerous practice when the men were unable to be kept under observation for some time. A Hanoverian officer with his left arm in a plaster-of-Paris splint came to us and complained of pain in the hand. On examination Mr. Osborn found no evidence of circulation, and at the end of 15 minutes' work with a razor, as we had no clippers, the splint was removed. It had been intended that this man should have gone on to Liège, an eight hours' journey, without further medical attention. The German transport for wounded was very poor indeed; except for four light ambulance wagons, about 2,000 wounded were evacuated through Gembloux on improvised farm carts, each cart containing a little straw and carrying about twelve men. The scheme was to collect the cases from the battles round Namur and Aizen, to use Gembloux as the railhead, and to hurry all the cases without discrimination back through Liège to Germany. We saw one man, who was shot through the pubes, taken from bed, dressed in full kit with his rifle slung, and dragged along on foot to the station. Here the only accommodation provided for the wounded consisted of cattle trucks in which wooden benches had been placed, no space being left on the floor for the badly wounded. Of the great discomforts and the foul atmosphere of such a journey we can speak for ourselves, since we were compelled to use this means to return to Brussels. The feeding of the patients at our hospital was in charge of a German orderly, and here, again, there was a total lack of discrimination. Black bread and German sausages or fat bacon were provided every day, and if a man were too ill to eat such fare, he went without. Fresh milk was impossible to obtain, but our nurses managed to secure condensed milk and weak coffee for a few of the gravest cases. We saw several operations in the big base hospital. It was a curious sight; a most extraordinary mixture of asepsis and filthy work. For instance, the region round the wound was shaved, yet half the hairs fell into the wound; the surgeon washed his hands most carefully, and then touched the cigar which he smacked all the time; the instruments were carefully sterilised by boiling, and then placed on a towel which had been used for the instruments for the last twenty operations. Big collections of pus and blood on the table were ignored, the only means of removal appearing to be on the uniform of the next patient. Nearly every case witnessed consisted of removal of bullets from a suppurring part. Treatment consisted in enlarging the wound, probing and extracting with long forceps, and then forcing a way through the tissues with the forceps to the most dependent part, where a second incision was made, when a gauze wick was inserted."
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**THE CARE OF THE WOUNDED.**

Her Majesty the Queen, upon the request of Lord Kitchener, makes an appeal to the women of the Empire for 50,000 belts (knitted or woven) and 50,000 pairs of socks for the troops, to be ready early in November. They are to be sent to Devonshire House, W.

**ST. JOHN AMBULANCE ASSOCIATION.**

The Special Committee of the Ladies of the Order of St. John of Jerusalem in England, of which Her Majesty the Queen is President, has been earnestly at work ever since war was proclaimed, as it was formed for the purpose of supplying personnel at the seat of war and of collecting comforts and material for the sick and wounded.

Her Majesty has recently written to the Duchess of Bedford, the Chairman of the Committee, to say that she has read with great satisfaction of the special appeal which has been made in the Times on behalf of the work of St. John Ambulance Association, and to express her earnest hope that the public, which has hitherto so generously supported all funds for the relief of the sick and wounded, will not fail to recognise the urgent claims of the Association in the present crisis.

**THE BRITISH RED CROSS SOCIETY.**

The British Red Cross Society is now located at 84, Pall Mall, where spacious accommodation has been placed at its disposal by the Committee of the Royal Automobile Club. The offices are next door to the Club. The Duke and Duchess of Devonshire have been warmly thanked for placing Devonshire House, since the outbreak of the war, at the disposal of the Red Cross Society.

A large number of wounded have this week been distributed to various hospitals, all ready for their care and comfort, and the deaths of many gallant men have stricken homes throughout the kingdom. Old mothers and young widows are grieving sore, but with true patriotic courage.

Mrs. Norman Burrows is to be congratulated upon the organisation of the Army and Navy Concert Party for sick and wounded convalescent soldiers. The first event took place with great success at St. Thomas's Hospital, on September 13th, when several first-class professional artists took part in the programme. The E.I.A.T. lent a motor-car for the occasion in which to convey the concert party; the printing was done as a gift, and the music was greatly enjoyed by the patients. The next concert takes place at the Lindon London General Hospital, St. Mark's College, Chelsea, on October 1st. Mrs. Burrows needs financial help, and the use of motor-car and typewriter. This is a very good cause, well worthy of support. We all need help to keep our spirits up in these sad times, and after the terrible strain and gruesome sights endured by our soldiers, amusement is a very good medicine.

**APPOINTMENTS.**

**MATRON.**

Palmer Memorial Hospital, Jarrow-on-Tyne.—Miss Anna Clark has been appointed Matron. She was trained at Middlesex Hospital.

Brixham Cottage Hospital Miss Hannah Johnson has been appointed Matron. She was trained at Middlesex Hospital, London, and has since been Sister at Norwood Cottage Hospital, at Queen Charlotte's Hospital, and at the Royal Salop Infirmary, Shrewsbury.

**NURSE MATRON.**

Epping Infectious Diseases Hospital, Miss Lucy Holley has been appointed Nurse-Matron. She was trained at St. John's Hospital, Lewisham, and has since been Charge Nurse and Sister. Assistant Matron at Clingford Sanatorium, Walthamstow, and Deputy Matron at Deal's Hospital, Hurstpierpoint.

**MATRON AND SUPERINTENDENT NURSE.**

Yarnfield Hospital, Staffs.—Mrs. Mabel Williams has been appointed Matron and Superintendent Nurse. She was trained at Saltford Union Infirmary, and has been Sister at Stoke-on-Trent Union Hospital.

**CHARGE SISTER.**

Warrington Union Infirmary. Miss Maud Hollins has been appointed Charge Sister. She was trained at Prescot Union Infirmary, and has been Nurse at Wallasey Cottage Hospital, and Theatre Nurse at the Liverpool Nursing Home.

**SISTER.**

Downs Sanatorium for Tuberculosis, Sutton.—Miss Anna Wiebdin has been appointed Sister. She was trained at Lewisham Infirmary, and has been Staff Nurse at the British Hospital for Incurables, and Sister at St. Mary's Infirmary, Highbury, N.

Bethnal Green Infirmary, N.E.—Miss Daisy M. Hiller has been appointed Sister. She was trained at St. Mary's, Islington Infirmary, has been Pupil Midwife at Reconstruction Hospital, Hackney, and has done private nursing.

**Tindale Crescent Infectious Diseases Hospital, Bishop Auckland.**—Miss M. Hill McBrule has been appointed Sister. She was trained at the City Hospital, Edinburgh, and has been Charge Nurse at Craigforth Hospital, Edinburgh.

**HEALTH VISITOR AND SCHOOL NURSE.**

Urban District Council, Bolton-upon-Dearne.—Miss M. E. Hutchens has been appointed Health Visitor and School Nurse. She was trained at the Malden Midwifery Training School, Malden Crescent, N.W., and has been Health Visitor for the Westminster Health Society, and for the Jewish Board of Guardians, London.

**QUEEN ALEXANDRA'S IMPERIAL NURSING SERVICE FOR INDIA.**

The undermentioned ladies have been appointed nursing sisters: Miss Marion Louisa Scott, dated
NURSING ECHOES.

A meeting of the Matrons' Council will be held at 431, Oxford Street, on Friday, October 9th, at 3:30 p.m. At the present time, when all interest is otherwise absorbed, the chief business to be transacted will be the election of new members. Miss Heather-Bigg, the President, will be in the chair, and tea will be served after the meeting.

The South African Nursing Record has good news to report about the organization of the Trained Nurses' Association in South Africa. The Provisional Committee has been elected, and is constituted as follows:—Miss E. L. Gibson, Matron, Kimberley Hospital; Miss E. Cawley, Matron, Government Hospital, Durban; Miss M. H. Marriott, Berea Nursing Home, Durban; Miss M. Nutt, R.R.C., Matron, Old Somerset Hospital, Cape Town; Mrs. J. R. Mitchell, Matron, Grey's Hospital, Pietermaritzburg; Miss B. G. Alexander, Johannesburg Hospital; Miss A. E. Ellershaw, Ellershaw Maternity Home, Johannesburg; Miss M. A. Ritchie, Victoria Nursing Home, Germiston; Miss L. Niven, Matron, Boksburg Hospital; Miss E. Covey, Matron, Pretoria Hospital; Miss Lanham, 39, Western Road, Port Elizabeth; Miss C. M. Abbott, Matron, Provincial Hospital, Port Elizabeth; Miss A. Gordon, Matron, Albany Hospital, Grahamstown; Miss J. C. Child, Matron, Maseru Hospital; Miss J. Pritchard, Superintendent-General, King Edward Order of Nurses, Kroonstad, O.F.S.; Miss L. Hunt, Queens-town Nursing Home; Miss J. Schweitzer, Matron, Frere Hospital, East London.

The Committee is to draw up the bye-laws. The nurses themselves, by provisional subscriptions of 10s. or 5s., have financed the movement, and in our opinion if any good work is to be done not less than 10s. annually should be paid by members. The majority of Nurses' Associations pay so little in support of their professional organizations that they have been carried on largely by voluntary, very over-worked workers. This is neither fair nor financially sound.

Miss Barlow, Lady Superintendent of the District Nurses' Home, Lovell Street, Leeds, is now Hon. Secretary for the Leeds Branch of the N. U. T. N., and all communications should in future be addressed to her.

We regret that we have had to hold over some interesting items of the Union's work of late.
THE HOSPITAL WORLD.
and London General Hospital T.F.N.S.

It would occupy columns to describe in detail all the delights of Territorial Force General Hospitals fitted up with everything brand new and spick and span, waiting and caviy out for the patients to arrive. No. 10 London General Hospital is situated at Wandsworth, and the Royal Patriotic Schools have been adapted for the purpose. These are handsome buildings with spacious grounds. We were received on the occasion of our visit by a most courteous and patient Sister, who conducted us exhaustively over all departments without so much as once conveying that it was anything but a pleasure. This added greatly to the enjoyment of our visit as we could ask questions, peep into cupboards, examine with covetous eye all the minute preparations made for the treatment and comfort of the wounded, to our hearts' content. The first impressions on entering the gates were bell tents, for use of officers and men—nurses, whose scarlet edged tippets made bright spots of colour amongst the trees—and a general air of expectancy. In the entrance hall was the telephone exchange, and from thence we passed into the splendid dining-hall that had been converted into the receiving ward and was fitted up with an emergency theatre in one corner, shut off with heavy screens. In a conspicuous position there was a bronze statue of Lord Kitchener. In addition to the accommodation provided by the permanent building a number of corrugated iron huts are in course of erection, each to accommodate twenty-five beds. One of these is set apart for a theatre, and it was really surprising to see the effect of the imitation white tiling with which the entire walls were covered.

In the permanent building the dormitories were well adapted for their purpose of medical, surgical and ophthalmic wards. For the latter two large wards are set apart. There was a homely and welcoming air about them that will make them indeed a haven to our wounded soldiers, after the stress and horror of War. We were on the other hand shown a padded room; some of us have no doubt seen in the Press that there are cases of insanity reported among the troops. What wonder?

There is an X-ray department, which we can readily believe will be quite indispensable.

In an outer building are the mortuary, post mortem, and pathological rooms. The children's infirmary, which is separate and some hide way from the main building, has been adapted as a Nursing Home for officers. Very cosy and bright did the small wards look. In this building also is the temporary theatre, which will be used until the building for that purpose is ready. Operating tables, instrument cabinets, trolleys, were all of the most approved pattern, and the stock of instruments left nothing to be desired. Countless drums of sterilised dressings were in readiness, prepared in the sterilising room as had been shown before. The nurses are accommodated in three villas at a short distance from the hospital; a fourth is shortly to be acquired.

We should like to mention the extremely simple, inexpensive and ingenious contrivance for the invalids to write upon; this was a board on supports curved to fit the body, and on which the arm could rest.

Miss Eleanor Barton (Matron of Chelsea Infirmary) is principal Matron; and Miss E. Holden (Matron of the Richmond Hospital, Dublin) is Matron. Both ladies were trained at St. Bartholomew's Hospital.

H H.

THE SUICIDE OF A SUPERINTENDENT NURSE.

A MOST SAD TRAGEDY.

The enquiry on the death of Superintendent Nurse Charlotte Alice Phipps, aged 30, held in the Board Room of Barnet Workhouse, resulted in a verdict as follows:—

"The deceased committed suicide by veronal poisoning while suffering from mental depression consequent upon worry, the result of undue interference by members of the House Committee of the Barnet Board of Guardians who were incited thereto by their chairman, who should be called upon to resign his membership."

The letter in our last issue signed "Indignant Ratepayer," prepared us in some measure for the above verdict.

Abundant evidence from the medical officer and members of the nursing staff went to prove the efficiency and administrative qualities of the deceased lady.

Nurse Summers, who has been nearly twelve years in the institution, gave testimony on oath that Mrs. Phipps was a most thoroughly capable woman, and always most kind and considerate to the patients.

Counsel: "And you feel so strongly about it that you have resigned?"

Witness: "I have, I feel it very much," she added, "the shameful way in which Sister has been persecuted for months and months. She has never been given her proper position, and no one has had a better opportunity of seeing it than I have."

Nurses Aird and Post gave similar testimony.

The most convincing evidence were the letters written by the dead woman shortly before her tragic end.

In a letter to the chairman she asks: "Have I ever been given a chance? Did the nurses never leave before I came? Have we ever had much consideration shown us? No, we are only 'a lot of servants.' I have no wish to dictate to the Board, but I do beg to point out to the Board that I have never had the control of the nurses. The Master has that. "Nurses have been allowed to sleep out of the building without my knowledge,
They are encouraged to go to the office. As long as so much titter-tattle is listened to, so long will there be trouble with the staff. When the Superintendent Nurse is given her position with the control of the nurses, and the nurses the respect due to their profession, then, and then only may the Board expect to keep and retain nurses. The question of testimonial has troubled me greatly. I was promised a splendid one in exchange for resignation. Has that promise been kept? I do not need it now, and expect more mercy at the hands of God than I have ever received from the Board. I do not forget that I have had many supporters on the Board who have fought for justice and fair dealing. To them I tender my grateful thanks. I have just had all the nerve and spirit crushed out of me. I hope the vice-chairman and his helpers, the Master included, are satisfied with their work.

"She begged in her letter to her kind friend, Dr. Stewart, "You won't let them take me to the mortuary if you can help it, will you, doctor? I don't want to be spied at by the house officers. They have done their share of that in life."

Mr. Jukes, guardian, stated that the deceased, owing to infirmity of temper, could not get on with the other officers.

Mr. Cantley, K.C., M.P. (counsel): "Who were they?"

Witness: "The Master and Matron among others."

The Coroner (in reply to a statement that she was irritable): "I am afraid I should be irritable if I were interfered with as she was."

Miss Hawkins, guardian, asked to be allowed to make a statement, which she was permitted to do on oath.

She said that she thought she could perhaps throw some light upon events that had led up to this sad conclusion. She thought a great deal of the trouble had arisen from the unwise action of the L.G.B. in placing the Superintendent Nurses under the dominion of the Master. It was intolerable to a professional woman to be placed in such a position. She herself was a nurse, she said, and could feel for the Sister who was gone. At least the Superintendent Nurse should not have a worse position than the Matron. It was galling to have to ask permission of the Master about trivial things.

Coroner: "I quite agree."

Witness asked that a recommendation should go from the jury to the L.G.B. to the effect that it was desirable to free the office of Superintendent Nurse from the heel of the Master.

Coroner: "What is your opinion of the conduct of your Board towards this woman?"

Witness: "I think a section of this Board have treated her most unfairly."

The Coroner, in summing up, said it would be a good thing if members of public authorities would recognise that there were highly strung people, who were very keen about their duties, and had a high standard of their own who felt these petty annoyances much more than ordinary people did. On most public bodies there were people "who led you a dog's life if you let them."

It had been brought to his notice more than once, that people who had not the elements of justice in their composition, were the people who gave trouble and annoyance to those who worked with them.

The enquiry lasted about four hours and a half.

At Rest.

The subject of this enquiry lay on her little bed in the nurses' home, taking her "long rest." Strewn with white flowers by loving hands, Charlotte Phipps awaited her burial, in the room where her last preparations had been made, ere she went forth into the infinite to meet the God who would be more merciful to her than man had been.

All her private affairs, and those pertaining to her office, were left in the most perfect order.

The Funeral.

The funeral took place in the afternoon of the same day. It was simple and impressive. Six of her loyal nurses in uniform walked behind the coffin, followed by two of the women guardians. The service was conducted by the Rev. W. Manning and the Rev. R. McLeod, both members of the Board. Some beautiful floral tokens of affection and respect were sent by various guardians, the medical officer, and patients of the infirmary. One bunch of flowers bore the inscription, "From one of Sister's babies—Bobby." The nurses themselves sent a harp of beautiful flowers with a broken string, bearing the inscription, "To our darling Sister, from her devoted and sorrowing nurses—Summers, Aird, Post, Moss, Donscott, Philipps. The best friend and Sister the nurses ever had."

It is the duty of the Superintendent Nurses Association to bring this grievous case before the Local Government Board, and never to rest until their grade is placed by Order in a position of authority in the Nursing Department of every Workhouse, commensurate with their responsibility, and without which, they are unable to maintain discipline amongst the nursing staff and see justice done to the patients.

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Gospo.

Don't forget that Gospo cleans Everything. It takes the place of soap and soda, and is invaluable in a Military Hospital. Moreover, it is of British manufacture. Gospo, Ltd., 33, Waterloo Road, London, S.E., is the firm, as anxious as can be, not to overprice the nursing staff, when working hard to keep the wounded soldier and his environment aseptic. Try it.

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Our Advertisers.

We would remind our readers that they can help The British Journal of Nursing by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.
OUTSIDE THE GATES.

The Glory of Reims is no more. The holiest ground in France has been desecrated, and in the words of the grief-stricken Government of the French Republic, "At the present moment the famous basilica is no more than a heap of ruins... by this revolting act of vandalism which, by handing over to the flames a sanctuary of our history, humanity has been robbed of an incomparable portion of its artistic patrimony."

Indeed, by this inimical act the Germans have sealed their inevitable fate. It has aroused not only horror, but unutterable grief throughout the civilised world. In this wondrous edifice "a noble heritage from the Age of Faith," the historic associations add immeasurably to its splendour. In it almost all the sovereigns of France were crowned. In its treasury was the Holy Ampulla, containing a fragment of the original sacred chalice in which the oil for anointing kings was said to have been brought from Heaven. Here Joan of Arc, the most sacred figure in French history, saw Charles VII consecrated, the king for whom she fought and died. For this reason it has been a shrine to the womanhood of the world, who have faith in fighting for just causes.

When the bombardment began wounded German prisoners were within, the symbol of the Red Cross waved without. The Times reports:

"Shells fell upon the prisoners, killing three or four and wounding others. My informant saw the latter painfully dragging their bodies over the straw like grey-coloured snakes. Every now and again the half-light in the Cathedral was lit by the white glare of a breaking shell. Four Sisters of Mercy also lay dead on the floor of the Cathedral, their white faces set with the sublimity of their faith. All around were the figures of kneeling women, their lips moving in fervent prayer. Apparently they were beseeching intercession from St. Joan of Arc, whose beautiful figure, crowned with white flowers, and looking ethereally calm in the tunnel, was untouched by shot and shell. But the equestrian statue of the Maid outside the Cathedral had had part of its pedestal shot away; the Virgin Mary, with the Child had been reduced to dust."

The King has placed Upper Lodge, Bushy Park, at the disposal of the Secretary of State for War, to accommodate some of the wives and families of non-commissioned officers and men at the front.

Queen Alexandra has also intimated her intention to place a house at the seaside at the disposal of Lord Kitchener for the same purpose.

Before the rising of Parliament it was agreed to increase the allowances for soldiers' wives and their children; a most necessary and practical way of proving the nation's gratitude to the fathers of families "doing their bit" for their country in this most ruthless war, in which nothing is sacred to the aggressor.

**BOOK OF THE WEEK.**

**"SIMON HERIOT."**

Simon was stepson to Mr. Martin, who spelt his name with a big M, and was rather an unpleasant person. Simon's own father had been the heir to Heriot Place, and had married humble Amy Bradshaw, who afterwards became Mrs. Martin. She really must have wished quite a number of times that she had remained faithful to her first love.

"Another cup of tea, Robert?"

Mr. Martin consulted his watch, which was large, expensive, accurate as to time.

"I have time. Yes, I have time for another cup of tea. Less sugar, more milk, and at least half hot water. There is too much tea in the pot—too much. Three spoonfuls are sufficient when we are alone. If Hilda is in it to tea then lots are ample—ample."

That's the kind of person Mr. Martin was.

When Simon was come to years of discretion he was taken into his stepfather's pottery works, but left them promptly. He explained the reason to his mother.

"He offered me a partnership," said Simon, "and I can't take it unless there is an alteration in the way the business is run. Work does not hurt people. It's the preventable elements of dust and dirt and carelessness. And the pater's responsible. And I won't be responsible. He could alter it if he liked, and he won't even listen."

That's the kind of person Pater was.

"Oh, hush, my dear," said Mrs. Martin. "Papa's such a good man. I am sure the way he goes to church is a pattern. Twice on Sunday and never misses. Oh, you shouldn't talk as if Papa didn't know best."

And that's the sort of woman Mrs. Martin was. But Simon in spite of "Papa" cut the business and struck out for himself. His matrimonial venture was not more successful.

"When the first quarter's bills came in they took Simon by surprise. He sat frowning at the figures whilst Maud curled up in a chair by the fire, assumed her most provoking mood, and treated the whole affair as a joke."

"All these flowers," protested Simon.

"Oh, I can't live without flowers," said Maud lightly. "A room without flowers is simply hateful. I wouldn't be seen dead in it. If I were dead, though, I suppose people would send lots of flowers. nice expensive wreaths and crosses that we shouldn't have to pay for."

Maud got up lazily, and crossing the room sat down on the arm of his chair and looked over his shoulder.

"How you do fuss," she said. "Cross old thing." She slipped an arm round his neck.

"Do stop being cross." Simon rightly objected to her friendship with Isidore and to the presents she accepted from him.

*By Patricia Wentworth. London: Andrew Melrose, Ltd.*
Maud tells him: "I'd much rather go with you, and you know it."

Yes, Simon knew that, but also he knew that she would rather accept things from a man she despised than go without. What she wanted she must have—it was just that. And if the price was high, well, when had ever Maud stopped to ask the price of a thing that took her fancy?

So true was this that she found the way out. Unknown to Simon she had been married before, and she confirmed that of which she had not been sure at the time of her second marriage, namely, that her husband had not died till after the ceremony. She unhastily then leaves Simon for Isidore.

However, Simon consoles himself with Cicely, who was quite a nice girl. His troubles, however, were not then at an end, for he was terribly hurt in a railway smash by an injury to his spine. He was taken to a nursing home, where one nurse is described as a "pretty girl with light flabby hair, who was quite horribly sorry for Cicely," and another whose "dress crackled as she moved across the room."

In spite of the opinion of eminent surgeons that Simon's injuries were such that he would never walk again, he surmounted the difficulty on Christian Science principles. "Rise up and walk. That was what he had to do. He took his hand off the edge of the bed, put one foot out in front of him, and it was quite easy."

Miss Wentworth has not reached again the high water mark that she gained in "A Marriage under the Terror."

II. II.

THE PANGS OF VICTORY.

Unswerving lance or falchion's sure,
With hardihood I meet;
But help me, Heaven, to endure
Their whim which I detest.


COMING EVENTS.

September 30th.—Nurses' Missionary League. Valedictory Meetings. University Hall, Gordon Square, W.C.

October 4th.—Meeting of Central Midwives Board. Caxton House, S.W. 3.30 p.m.

October 5th.—Meeting of the Matron's Council of Great Britain and Ireland. 431, Oxford Street, London, W. 3.30 p.m. Tea.

WORD FOR THE WEEK.

Reims. The Holiest Ground in France.

"As the true disciple gazes, spirit answers spirit, the glorious poem languaged in the stone breaks forth into a silent chant of life, voiceless thoughts pass into the gazer's soul and enter there, and there revive the memory of noble minds that built their hearts, their blood, their all, into those walls."—Edward Thring.

This famous basilica is now a heap of ruins.
DEAR MADAM,—The Nurses at the Nurses' Home, 5, Endleigh Street, are very indignant at the letter in the Press proposing the unemployed servants as prospective nurses for hospital work. They think the best thing is to send the letter to you so that you can deal with it. Yours faithfully, HELLEN B. SIMPSON.

London.

DEAR MADAM,—How is it that rich and leisured women of title arrogate to themselves the right to interfere with our skilled work of which they know nothing, and venture to propose that unemployed servants (whose worth their salt will be kept at all costs by their present employers) shall be "trained" for use in hospitals? It is quite bad enough as it is when, owing to unfair economic conditions, the right sort of educated women fail to respond in sufficient numbers as hospital probationers. If the lower class domestic servant, for whom housekeepers have no use, are to be thrust into hospital work, God help the patients, for educated women will cease to apply at all. Conditions need improving, not degrading.

Yours truly,

MARIAN SCOTT, Sister.

[Birmingham, 6th July, 1914.

[We entirely sympathise with our correspondents, and regret we have not space for other letters received on the same matter. It is not because a woman is a servant that we feel the suggestion by the Duchess of Marlborough, the Countess of Selborne, Lady St. Helier, and Lady Emmott is wrong, but because nursing is highly skilled work, requiring highly cultured women of liberal education as its exponents, and until the class from which our surplus domestics are drawn are better educated and more refined, they are not capable of assimilating the theory of nursing, or of performing the practical duties in the best possible manner. We are all for raising all women by more thorough general education, so that all may have a fair chance of preferment, but that has got to be done by wiser educational systems than are in force in this country. We advise the writers to express their opinions by letter to the Secretary of the Domestic Servants' Association, 52, Portland Place, London, W., and we hope the Medical Superintendents and Matrons of Poor Law hospitals will stand by the rank and file of the nursing profession and prevent this attempt to depreciate their highly skilled work.—Ed.]

RED CROSS PUPILS.

To the Editor of The British Journal of Nursing.

DEAR MADAM,—May I say I have found the Red Cross pupils working in this hospital of a much better class than the average young woman who has recently applied to me for training. I am hoping to persuade several desirable girls to enter for the three years' training, and leave playing around and wasting their time.

Yours truly,

A COUNTY HOSPITAL MATRON.

ENCOURAGING APPRECIATION.

To the Editor of The British Journal of Nursing.

DEAR MADAM,—Will you allow me to express my thanks and appreciation to the clever nurses who contribute the papers to your Prize Competition?

The parts quoted from "Honourable Mentions" on Shock seem to me to be especially good and practical; Miss Amy Phipps unusually so.

One cannot help feeling that if nurses prepared their patients against shock, and promptly recognised the first symptoms when they appeared, the (often to the patient) terrifying performances that have to be resorted to would often not be necessary. Of course, I know the patient should not be allowed to see what is going on. But my experience is that when a patient requires extreme measures to be taken for shock or anything else, the ward is chiefly staffed with nurses in training, proper precautions are very rarely taken to prevent him seeing. Also, while I have dozens of probationers who quickly learn to repeat with astonishing accuracy just what produces shock, those who learn how to deal with it quickly, quietly and successfully are rare indeed.

Yours truly,

SISTER OF WOMEN'S SURGICAL WARD.

REPLIES TO CORRESPONDENTS.

Mrs. William Harold Klesz (Bombay).—So far we have received no intimation from Miss Dock of the postponement of the International Council Meeting at San Francisco in June, 1915. We must await events.

Sister T.—Consult the Matron.

M.B.F.—We do not think you ought to resign during the mobilisation of the hospital in which you are working. You are doing your country's work; forget yourself, and be grateful for the call; many women long for the chance which is yours.

Miss Kingsford.—Your letter will appear next week. We observe that at the meeting of Guardians following the inquest, they agreed to ignore the recommendation of the jury. It is the duty of the Local Government Board to interfere.—Ed.

OUR PRIZE COMPETITION.

October 3rd.—Mention four classes of wounds and how they may be caused.

October 10th.—Give the items for a seven days' satisfying diet, for wounded soldiers on Full Diet, in a Territorial Hospital, for breakfast, dinner, tea, and supper. Give the approximate cost for twenty men.

NEW SUBSCRIBERS.

The Editor hopes that every reader who values The British Journal of Nursing will encourage her friends to subscribe to it. Address the Manager, 431, Oxford Street, London, W.
"THE BIRTHRIGHT OF THE BABY."

By HELEN MACMURCHY, M.D., Toronto.

We are only beginning to think scientifically of the problem of infant mortality. The scientific significance of lactation and maternal nursing, of birth registration, of infant feeding before and after nine months of age (which is about the time that a change should be made from maternal nursing to another mode of nourishment)—one and all of these have scarcely been considered by the average citizen, or even by the average physician. What medical school gives thorough instruction on these points? Space will allow consideration of but one of these—the first-mentioned—and but briefly.

The mammary gland, then, is first of all a gland like any other gland. One would think it was some unknown and recently-discovered structure, if one were to judge by the general ignorance that seems to prevail about it. Its function is no more likely to fail, given the normal necessary physiological stimuli, than the function of the salivary glands, or the liver. Lactation is established as a part of the drama of birth. The uterus and other organs and accessory structures connected are also closely and wonderfully linked with the mammary gland, proofs of which are well known to all physiologists, and some of which were indeed referred to by the ancient classic writers centuries before modern physiology began. This linking is not by way of a secretion nerve supply, however, but by hormones. The most important of these physiological stimuli is furnished by the baby itself. It is the act of nursing or suckling performed by the baby. The new-born baby, on arrival, knows how to do three things: 1. Its lungs can breathe; 2. its fingers can grasp; and 3. its lips can close upon the nipple and suck if the nipple is presented and suitably adjusted for it. If the doctor took as much pains to teach the baby to nurse as he does in asphyxia neonatorum to teach the baby to breathe, then the reproof of our infant mortality records would be largely taken away. It is time that the Professor of Pediatrics and the Professor of Obstetrics, and the Professor of Medical Jurisprudence, and, indeed, everybody who is responsible for the preparing and licensing of a candidate to practise medicine, taught clearly that the duty of the doctor to the younger of his two patients in an obstetrical case is not done until he has made sure that the baby is nursing well. As soon as the mother has rested a few hours and the baby has been washed and dressed, within six hours, if possible, the baby should be placed at the breast, and the baby should be weighed occasionally, before and after nursing, to see exactly how much milk that baby has ingested at each feeding. Sometimes it will be found to be half an ounce only. Then something must be done to increase the quantity of milk. And something always can be done. "Never desert a baby," as Sir Thomas More has it in his "Utopia." Every mother is prone to her own child unless either death or sickness be the lot."

Where the doctor personally and thoroughly manages the establishment of nursing at the right time, and in the right way, I have never known a case where a mother could not nurse her baby. It is now generally held that the activity of the mammary gland is caused by hormones circulating in the blood. It is known that an extract from an uterus undergoing evolution will stimulate the mammary gland, while the reverse is the case with extract of the placenta or of the fetus. But the most important of this group of facts is the time at which the attempt to teach the infant to nurse is made. Within six hours it is usually easy, within twenty-four hours it is fairly easy, over twenty-four hours difficult, over forty-eight hours more difficult. So it comes about that the fate of the baby is often sealed before it is one day old. For the deaths of thousands and thousands of babies are due to this one simple fact—they were not mother-nursed. Finally, the outlook is hopeful. All we have to do is to put our shoulder to the wheel. If we displayed half the energy and used half the money freely spent by our friends, the manufacturers of the "Ideal Infants' Food," the thing would be done. When the mother and father once get firmly into their heads the true idea of maternal nursing, then we shall have a great and permanent improvement in our present sad showing as to infant mortality.—The Canadian Nurse.

**MIDWIFERY TRAINING.**

The Treasurer of the Maternity Nursing Association, 93, Myddelton Square, E.C., sends the following notice to the Press:—"Owing to several of our pupil nurses being called to the front, we are in immediate need of others to take their places. My Committee offers at once one free vacancy for midwifery training for the Central Midwives Board Examination, and owing to the shortage of trained nurses, high vacancies at very moderate fees for several untrained women. This is a very practical way for women to help our country, for in the present crisis the care of motherhood and the healthy preservation of infant life are of paramount importance. As we have offered to nurse cases recommended by the various War Relief agencies in our own districts, we must make provision for a large increase of work. All further information can be obtained from the Matron."

Excellent training is given by the Maternity Nursing Association. We hope some good pupils will avail themselves of it.
EDITORIAL.

STATE REGISTRATION AND THE WAR.

Parliament which was recently prorogued, will meet again at the end of October, so that there is very little time before earnest registrationists must be up and doing. A meeting of the Society for the State Registration of Nurses will be held on October 22nd, at 431, Oxford Street, London, W., to decide on our future plan of campaign, after which time, we must not let the grass grow under our feet, as the urgent necessity for the adoption of a recognizable standard of nursing by the State, has never been more clearly demonstrated than in the arrangements being made on all sides for the nursing of the sick and wounded.

Not for one moment would we damp the ardour, quickened by patriotism in every true woman’s heart, which prompts her to offer help to the brave men who protect our dear country in time of War, but it is only just to a large body of hard-worked and highly skilled workers, the trained nurses of the country, who devote themselves to the care of the sick during peace—that they should have, as the medical profession has, a well defined professional status in time of war.

LOOK AROUND.

But look around, what do we find? We find every other woman whether she has been trained or not, wearing the trained nurse’s uniform, often with decorative additions of crosses and badges. Worse, we find so much confusion in the public mind, as to what qualification a nurse should possess—that as long as she observes the outward appearance of inward grace, by wearing uniform, it is apparently quite satisfied that money which it subscribes in hundreds of thousands, should be utilised in financing hospitals at the front, in the economy of which trained nursing has absolutely no definite significance, and in which the office of Matron is non-existent.

THE UNTRAINED SUPERINTENDENT.

Peeresses and other unprofessional ladies eagerly constitute themselves Lady Superintendents of such units, and the trained professional woman, if she hopes to go to the front at all, must be content to work under the domination of such ladies, of which many nurses had a bitter experience in the South African War. Excluding the regular Military hospitals attached to the Army in the field, provided with highly skilled Matrons and Sisters by the War Office, and the fine body of Matrons and Nurses enrolled in the Territorial Force Nursing Service, anyone who can get the cash to finance a hospital, can, and has rushed off to Belgium, and France. And until the recent appointment of Mrs. Ludlow, R.R.C., by the British Red Cross Society—as Lady Superintendent of its Base Hospital at Rouen, there does not appear to be one Matron of experience, who holds a leading position at home, in charge of any of the war hospitals abroad. How unfair it is to supersede trained Matrons by women of social eminence, will become apparent later, when honours bestowed for services rendered to the sick and wounded at the front, flow from the Fount of all Honour!

AMERICA GIVES US A LEAD.

In this connection, the United States of America gives us a lead. In organizing the Nursing Department of the “Red Cross” contingent sent to Europe, we find it of course superintended by a highly trained woman, Miss Helen Scott Hay, who has filled with distinction some of the foremost and most responsible professional positions in the American Nursing World. If we ask ourselves why a New York Multi-Millionaire was not entrusted with this charge, we answer unhesitatingly—because in the majority of American States, Acts are in force for the State Registration of Trained Nurses, and when the sick need nursing and
care, it is trained, skilled, tested, registered
care which must be provided. There must
be no trifling with the lives of the wounded
through the American Red Cross—that is
the lesson we nurses in Europe must realize
at this crisis.

CEASE GRUMBLING AND LEND A HAND.

To be a carrier of water, and a hewer of
wood is necessary, and as the labourer is
worthy of his hire, let us see to it, that the
just recognition of our skilled work is not
taken from us by those who have not done
their share of the labour in the heat of the
day, and through the long night watches.
Let every nurse who has volunteered for
active service, and been superseded by the
semi-trained, remember that her invidious
position is largely the result of her own
apathy, and lack of intelligent apprecia-
tion of nursing conditions. Let her cease
grumbling, and without a day’s delay let
her join the Society for the State Registra-
tion of Trained Nurses, and thus support
the demand that her skilled calling shall be
given honourable recognition by the State,
and cease to be the sport of the unprofes-
sional pirate, who in full and becoming
nurse’s uniform, trips into the lime-light
at war time, to the sound of the fife and
drum.

A FIAT HAS GONE FORTH.

A few weeks ago we expressed the hope
that the Secretary of State for War would
discourage untrained women of social
prominence from going to the seat of War
in charge of hospitals for the wounded.
We are informed that a fiat has gone forth
that trained nurses only shall be responsible
for supervising the nursing department in
such hospitals, and that untrained ladies
of title in such positions are not eligible.
The whole Nursing Profession owes a deep
debt of gratitude to Lord Kitchener for this
decision.

TYPHOID FEVER AND SEPTIC INFECTION.

Sir Almroth E. Wright, M.D., in an article
in the Times on “Inoculation of Troops,”
pleads for the compulsory inoculation of an
army going out on active service, usually from
the sanitary conditions of civilization straight
back to those of barbarism. He points out the
opportunities for infection afforded in war,
what preventive measures are applicable, how
bacterial vaccines can be turned to account,
gives tables of comparative statistics showing
the effect of anti-typhoid inoculation, and on
“Inoculation Against Septic Infection” he
writes:

"A word or two will suffice to support the
suggestion that we should bring into use for
the prevention of septic infection originating
from wounds an anti-sepsis vaccine—i.e., a
mixed staphylococcus and streptococcus vac-
cine. The following are here our data. We
know that the two afore-mentioned species of
microbes are responsible for practically all
septic infection arising from external wounds.
And it has now, by the experience of all who
have put the matter to the proof, been placed
beyond controversy that the vaccines here in
question, employed in time, do, one may
almost say invariably, prevent and abort the
proceeding septic infections. To call up this
knowledge for service, and by its means to
anticipate infection in all serious wounds, is
therefore a plain dictate of reason."

OUR PRIZE COMPETITION.

MENTION FOUR CLASSES OF WOUNDS AND HOW
THEY MAY BE CAUSED.

We have pleasure in awarding the prize this
week to Miss S. Simpson, McKerrell Road,
Peckham, S.E.

PRIZE PAPER.

Wounds are usually classified under the four
following descriptions:

1. Incised.
2. Lacerated.
3. Contused.
4. Punctured.

1. Incised wounds, where the injury is pro-
duced by a sharp-cutting instrument, where
the length bears a considerable proportion to the
breadth, and the edges are clean cut.

2. Contused and lacerated wounds, where
the edges are torn and ragged, and the tissues
around bruised and infiltrated with extra-
vasated blood. They are usually caused by a
blunt instrument.

3. Punctured wounds, in which the depth
much exceeds the length, as in a prick or a stab.

4. Gunshot wounds, resulting in the action
of missiles that have been projected by force
derived from explosion.

An incised wound may be defined as a clean-
cut wound made by a sharp-edged instrument,
either by accident or in an operation. An in-
cised wound, however, may be made by a blunt
instrument, especially in the skin over a subcutaneous bone; for example, a blow on the head from a life preserver, or a kick on the shin from a heavy boot, may produce a clean-cut wound which possesses all the characteristics of an incised wound.

The amount of gaping in an incised wound is generally considerable.

The bleeding which occurs depends principally upon the size and number of vessels wounded, but is always greater than in a contused and lacerated wound of similar size and position.

Contused and lacerated wounds should be considered together, because in both the edges of the wound are usually torn and irregular, and the tissues around infiltrated with blood, and because in both, as a rule, there is a certain amount of death of the injured tissues, varying in extent in different wounds, which must separate before the process of repair can commence.

In the contused wound the soft parts in the neighbourhood are subcutaneously lacerated and infiltrated with blood, and the extent of this infiltration varies with the size of the missile which inflicted the injury and the force with which it was applied. This form of wound is usually inflicted with a blunt instrument, such as a life preserver, a heavy stick, a spent ball or fragment of shell on the battlefield.

In the lacerated wound, on the other hand, the injury is produced rather by a tearing or biting process; lacerations by machinery, the bites of large animals, or the horns of a bull act in this way, and tear more than bruise the tissues. In these wounds the edges are irregular, and the irregularity varies with the degree of elasticity of the tissues torn, and with the nature of the violence which inflicted the injury. The result produced by the varied elasticity of the tissues is well exemplified when a limb is torn off by machinery. The skin which is very elastic is very irregularly torn. The tendons of the muscles are very resistant and not easily torn; they consequently give way along their line of attachment to the muscle, and may sometimes be seen on the separated limb hanging out some inches longer than the other structures.

Punctured wounds are produced by a thrust or stab with a sharp pointed, narrow instrument, and therefore their depth is much greater than their length. They vary very much in degree, from a prick with a needle, to a stab through the body with a bayonet. They are of two different kinds, which differ much in their behaviour and consequences; the one partaking of the character of an incised wound, the other of a contused and lacerated wound. When a punctured wound is made with a clean sharp-pointed instrument into healthy tissues, no serious consequences as a rule result, unless some deep-seated vessel has been injured, or some serious or synovial cavity has been opened; and even in these latter cases, if the wound is at once closed and no foreign body has been introduced, no serious harm is to be anticipated. The wound behaves in all respects as a clean incised wound would do. But when a wound is punctured with a blunt or triangular instrument like a bayonet, it bruises the tissues through which it passes, and produces a wound which partakes of the character of a contused and lacerated wound. In this case a certain amount of tissue is killed outright, and there must be sloughing and suppuration before repair can commence. In addition to this, punctured wounds, when deep, may open up cavities and wound the contained viscerz or injure blood-vessels.

Under the term gunshot wounds may be included all injuries caused by shot or other missiles discharged from firearms, all wounds produced by stones, splinters of wood, set in motion by a shell or bullet, and wounds caused by the bursting of a shell or firearm.

These may be direct, i.e., caused by a body which is projected by the force of the explosion itself, or indirect, i.e., those caused by some body set in motion by the projectile. Pain is usually intense, especially great in those cases where a bullet becomes lodged under the skin, although sometimes a soldier may be unconscious that he has been wounded, owing to the excitement of battle.

Shock varies much in intensity, and is to a certain extent an index of the gravity of the case, for it is always great when one of the large cavities of the body, the abdomen or thorax, has been perforated, or where a limb has been carried away.

HONOURABLE MENTION.

The following competitors are awarded honourable mention:—Miss E. F. Mason, Miss B. M. Riordan, Miss E. F. Cafferata, Miss Dora Vine, and Miss Kathleen Dinsley.

QUESTION FOR NEXT WEEK.

Give the items for a seven days' satisfying diet for wounded soldiers on Full Diet in a Territorial Hospital, for breakfast, dinner, tea, and supper. Give the approximate cost for twenty men.
WORKERS FOR THE WOUNDED.

MISS S. A. CLARIDGE.

Miss Sarah Alice Claridge, who at the present time is devoting her time, her energy, and her wide experience to the organisation of the St. John Women's Voluntary Aid Detachments, at St. John's Gate, Clerkenwell, where she holds the office of Matron-in-Chief, commenced her nursing career twenty years ago at the General Hospital, Birmingham.

Upon completing her training she joined the Staffordshire Nurses' Institute and worked on their staff of private nurses for two years. At the end of this period she returned to her Alma Mater, the Birmingham General Hospital, and when the War broke out in South Africa, in 1899, she was appointed a member of Princess Christian's Reserve, she being the only volunteer from the Hospital at that time. Her nursing skill and powers of organisation were put to the test throughout the War, both as Nurse and Matron of No. 14 Hospital, and when her services were no longer needed she was offered a post by the Colonial Government as Matron of the Beira and Mashonaland Hospital. On the closing of that hospital she was sent up country to organise a hospital for the Shire Highlands Railway Co., Nyassaland.

Her life in that district was a lonely and adventurous one. The English doctor, owing to constant illness, was unable to treat the patients, and Miss Claridge acted as Matron, doctor, and organiser, with only natives to assist in the nursing.

She eventually went down to the coast in charge of the medical officer, who was too ill to travel alone, and after seeing him on board, en route for England, she made the return journey with no companions save her escort of twenty-two natives. The hospital in which she was working was only a shooting box used by naval officers when on leave from the coast. It consisted of three rooms with a corrugated iron roof, and the temperature frequently stood at 100 deg. Fahr. at six o'clock in the morning.

Miss Claridge became a victim to malaria and was invalided home at the expiration of her engagement. On her return to England she made a report to the officials of The Shire Highland Railway Co., at their London offices, with the result that two nurses are now kept on the Hospital Staff.

Miss Claridge returned to England in 1903, and for a time took temporary work at her old training school. In 1907 she went to Egypt, where she has until recently been at work in charge of a native hospital, and also has nursed among many of the high class Egyptians in their private houses.

Miss Claridge, on leaving Egypt last June, went to Berlin, where she had hoped to have an opportunity of inspecting some of the German hospitals, but she did not obtain the necessary permission. This would have been easily arranged had she had an introduction through the International Council of Nurses; but she went on to Denmark, where she received a cordial welcome and spent a most interesting holiday.

The Danish nurses, who form a well organised section of the International group, are keenly interested in English ways and methods, but although they are given a three years' training, it is only quite recently that a trained nurse has been appointed to the post of Matron at one of their largest hospitals, and the Matron in question was sent to America for her training, where educational standards are high and the nurses' status assured.

Miss Claridge is on duty at St. John's Gate all day. She has, during her term of office there, been busy every minute, as well over 100 trained nurses have been interviewed, selected, instructed, and prepared for active service in Belgium and France. Everyone has been received with the same gentle dignity and courtesy, and the calm deliberation with which every difficulty is met as it arises, results in the accomplishment of an
NURSING AND THE WAR.

TERRITORIAL NURSES AND THE PRESS.

A question of nursing discipline has cropped up during the past week in connection with the Territorial Force Nursing Service, as it was sure to do, sooner or later, in these days of rapacious nursing journalism, when so many publishers exploit our profession in print. From several sources the following question has been addressed to us:—

Is it contrary to regulations for a member of the Territorial Force Nursing Service to write to the press?

We gather from the communications received that in the opinion of some Matrons it is inexpedient for nurses to do so, as complications and difficulties may arise.

This may be true. But so long as the Matron-in-Chief of the Territorial Force Nursing Service is an active member of the editorial staff of the Nursing Times, presumably with the consent and approval of the Director General of the Royal Army Medical Service, no exception can be taken to, or regulation enforced, which prohibits the rank and file of the Territorial Nursing Service from contributing to the press.

How far such a situation is either justifiable or expedient, especially when a publication is edited by an unprofessional foreman, it is for the War Office to decide.

Friends anxious about Reserve nurses attached to the British Expeditionary Force, should write to the Matron-in-Chief, Queen Alexandra's Imperial Military Nursing Service for the number of the Hospital to which they are attached at the front. Letters addressed No.—— General Hospital, British Expeditionary Force, can be posted in the usual way, and it is hoped may reach them—say, sooner or later. Our advice however is if the matter to be communicated is one of very urgent importance, to communicate with the Matron-in-Chief at the War Office, as she is the responsible head of the Army Nursing Department, and should be the direct channel of communication between the relations of nurses sent to the front.

Miss E. M. Pye, General Secretary N.U.T.N., left for Paris last week for a few days, to make arrangements for sending nurses to the Association des Infirmières Visiteuses de France. Miss Pye wrote—"I have just been seeing The British Journal of Nursing, and I was so thankful to see your fine paragraph on the behaviour of nurses abroad."

We are very glad to know that little Serbia is not to be forgotten. Lady Boyle and her son, Sir Edward Boyle, who is the treasurer of the Serbian Relief Fund, with a sympathetic committee, have sent out a circular in which they appeal for help. "Serbia" it says "is at the moment critically situated, and as such is entitled not merely to our esteem but also to assistance of a more practical kind. . . . ."

A small detachment of ten British nurses, under the leadership of Miss Grounitch, is now in Serbia; but these gallant volunteers urgently need further help. How urgently is best proved by the pathetic appeal of the Serbian Government, enjoining strict economy in linen, cotton wool, and hospital appliances.

Any help will be most gratefully received and acknowledged. Parcels of clothes, etc., especially medical and surgical appliances, should be addressed to Lady (Ralph) Paget, at 155, Queen's Gate, S.W.; cheques should be sent to Sir Edward Boyle, Bt., Hon. Treasurer, Serbian Relief Fund, at 14, Queen's Gate, S.W.

The Dumturies police arrested Miss Kate Hume, aged 17, a few days ago in connection with the circulation of the story of the alleged torture and murder of Miss Grace Hume, a Red Cross nurse in Belgium, by German soldiers at Vilvorde, near Brussels, on September 6th.

Details of the supposed crime were said to have been given by another nurse, and a letter alleged to have been written by the dying woman was said to have been produced as evidence of the truth of the story.

On Monday, Miss Hume was charged with having uttered a forged letter purporting to be written by her sister, Miss Grace Hume, in Huddersfield. She was remitted to the Sheriff Court for trial.

The Queen of Belgium plays a very prominent part in the general activities at Antwerp. She is to be seen in the streets every day busily engaged on some mission of mercy or urgent errand. She is constantly in and out of the various hospitals, and most gracious to all the nurses.

It is reported that when the French entered Peronne seventy German female nurses armed with pistols were found. We cannot blame them.

The wounded Germans in Rheims Cathedral were enabled to escape during the bombardment, thanks to the devotion of the French Sisters of Mercy. Five of these blessed women were killed in accomplishing their courageous mission.
DESPATCHED TO THE FRONT.

Women's Hospital Corps, Paris.

We are pleased to learn that the Women's Hospital Corps, which left London on the 15th inst. to take over a hospital in Paris under the Croix Rouge de France and the direct approval of the French Government, is installed in Claridge's Hotel, Champs Elysées, and hard at work. Upon their arrival the Women's Hospital Corps fitted up and arranged the whole hotel, and by the 18th patients were admitted. At present the patients are English, but they are expecting Frenchmen. Five English officers are under treatment in the smaller wards. Operations have been performed daily, some being serious cases of bone injury. A very important part of the work consists in sending out motors with doctors to give treatment on the spot and to bring back the worst cases. The hospital does its best to keep the relatives of the patients constantly informed. The hospital has sent to England for an X-ray apparatus, a motor ambulance, and extra surgical apparatus, which lack of funds prevented them from taking over with them and these have been sent. The medical women in charge make an earnest appeal for every sort of comfort for the sick; the articles most wanted are shirts, socks, pyjamas, and handkerchiefs. Those who prefer to send money will understand that with it doctors can purchase what they require for patients. It should be understood that they are the wounded who especially require these articles, as they cannot obtain them from the official supply, and they are brought in with uniform and clothes spoiled and useless. All contributions in money and in kind should be sent to Dr. Woodcock, 27, Nottingham Place, W., who will forward them.

St. John Ambulance Association.

On Friday, 25th, Miss Gwynne Norton left London, with Miss Granshaw, of the Registered Nurses' Society, for Deauville, and Miss Bow, of the same Society, followed on Saturday. Miss Galt proceeded on the 20th to Dinan.

The following contingent left for France on Tuesday, 29th ult.; Matron: Miss Piza, Addenbrookes. Assistant Matron: Miss D. Taylor, Metropolitan. Miss Rawlings, Middlesex; Miss Eburah, Great Northern and Registered Nurses Society; Mrs. Denning, Leeds General; and Miss Montgomery, Glasgow Western.

Details for the wounded have been established by St. John Ambulance at Dinan, Deauville, and Dieppe, in connection with the Croix Rouge, and it is hoped soon to place one at St. Malo, and in the near future it is hoped to supply two hospital ships.

Orderlies are constantly being despatched to France and Belgium. Large consignments of garments, hospital dressings, &c., have been sent to the British Minister at Antwerp, to Sir Alfred Keogh at Nantes, to the Croix Rouge at Deauville, and also to the following places:—Woolwich Hospital, Milbank Hospital, Cambridge Hospital, Aldershot, Leeds Hospital, Hounslow Hospital, the Reception Hospital, Windsor, the Military Hospital, Tower of London, the London Military Hospital, the Connaught Military Hospital, Aldershot, Lincoln Territorial Hospital, and St. John's Hospital, Lewisham. A large number of beds and mattresses are being despatched to Antwerp, at the request, received on Saturday, of the British Minister.

The St. John Ambulance Association has undertaken the supply of comforts and stores to the troops in the Expeditionary Force from India. Suitable gifts of articles, a list of which can be procured, and of money should be sent to the St. John Ambulance Association, St. John's Gate, Clerkenwell, as the India Office has delegated this work to the Order of St. John. It is possible that a hospital for members of this Force may be established at Alexandria.

No more nurses have returned from Belgium, but as there are plenty of German nurses in Brussels, and English nurses cannot get transferred to the seat of war, the nurses there being advised to return to England as opportunities present themselves. News comes that all the nurses are well and have won golden opinions from the Belgian Red Cross Society.

The Association is also organising a party of surgeons and nurses for Servia, where their services are very urgently required.

The British Red Cross Society.

The British Red Cross Society were authorised by the War Office on the 25th to send out to Paris 30 surgeons, 150 nurses, and a proportionate number of orderlies. The Society has been extremely busy making arrangements for their despatch at once. Authority has also been given at the same time to the British Red Cross Society to despatch 100 motor-ambulances. The Society is arranging this in conjunction with the Royal Automobile Club, and it is expected that they will be delivered at Paris within 14 days. At Rouen a large base hospital has been arranged, and Mrs. Ludlow, R.R.C., left London on the 23rd ult. for Rouen with a party of 10 nurses; 20 more who were at Cherbourg have joined them. This forms the third unit sent out by the British Red Cross, and is designed to hold 300 beds. The nurses accompanying Mrs. Ludlow were Miss H. M. Barry, Miss Una de Wil, Miss E. S. Carr, and Miss M. Bowes (St. George's Hospital); Miss H. M. Bennett and Miss E. Williams (University College Hospital); Miss W. Haines and Miss E. Rape (King's College Hospital); Miss R. Gibbs (Gloucester Infirmary); and Miss E. Jackson (Royal Infirmary, Aberdeen).

The following contingent of nurses, forming number four unit, left London for France on Tuesday, 20th ult. Thirty more nurses will be sent over on Thursday in this week:—R. Belcham (St. Mary's), B. R. S. Brownrigg (St. George's), G. L. Baynes (Montreal General),
The British Journal of Nursing.

R. Carter (King's College), A. Cashen (St. Vincent's, Sydney), J. Costello (Mater Misericordia, Dublin), W. Cross (St. George's), E. L. Dowling (Westminster), M. Davies (London), W. G. Hutton (St. George's), C. Hopkinson (Edinburgh Royal), J. Humphrey (Middlesex), L. Hunter (St. George's), M. Kelly (St. Thomas's), R. Legge (Guy's), C. Maney (General, Leeds), R. M. S. Masters (Guy's), R. Meggitt (St. George's), W. E. Molesworth (Guy's), H. A. Onions (Lewisham), E. M. Roe (St. George's), R. Steer (Middlesex), M. A. Nicholson (Melbourne General), E. Pike (St. George's), M. L. Powell (University, Penn.), L. Sturt (St. George's), G. F. Tredgett (St. Thomas's), E. W. Walton (Westminster), M. Wilcock (Royal Free), H. D. Whitehouse (Royal, Hull), S. Blundy (Charing Cross), H. G. F. Fisher (Dundee Royal), A. M. Coombes (St. George's).

The Central Executive in London has authorised the formation of a sub-delegate to represent the Scottish branch and to work under the direction of Sir Alfred Keogh at Rouen. In the meantime Dr. Charles Walker has been despatched by the Scottish executive to make preliminary arrangements, and is at present at Rouen, where his time is occupied in securing quarters for the 50 beds of the Scottish section. It is anticipated that before the end of this week the Scottish Flag which went through the Balkan War with the Scottish Red Cross Hospital will be flying over the roofs of Rouen.

On Tuesday 10,000 articles of clothing and gifts were despatched to Rouen collected from the Red Cross stores at Edinburgh, Glasgow, Aberdeen, and Dundee. It is only too evident that every phase of the present campaign will be attended with very heavy casualties, and a constant supply of gifts of every description is necessary to the comfort of the sick must be forthcoming.

The three Red Cross units are now stationed at Brussels, Belgium, and at Cherbourg and Rouen in France, added to which several mobile detachments have already been sent to Boulogne.

Miss Leng will undertake the duties at Head-quarters, S3, Pall Mall, until recently performed by Mrs. Ludlow.

The Home Auxiliary Hospital, Netley.

Miss Davies, formerly Matron of St. Mary's Hospital, Paddington, and Principal Matron of No. 2 Territorial Force General Hospital, who has since the war began been helping in the Nursing Department of the War Office, has been appointed Matron of the Home Auxiliary Hospital at Netley, now being erected there on the hut system. The hospital is to consist of 25 huts, each containing 20 beds, and so built that they can easily be taken down and shipped to the Continent if needed.

The construction of Netley Hospital is rapidly proceeding and already a number of the branches of the society have endorsed huts to bear the name of the branches, and it is hoped that the hospital will be ready for use early in October.

The Ambulance War.

This has been called an ambulancier war, and indeed these modern cars play a very important part in succouring the wounded. The Red Cross Society had eighteen ambulances and nine motor cars at Boulogne last week, and more are being sent out as fast as possible to provide 50 ambulances, 50 touring cars, and 10 ambulances in France. Ambulances have also been sent for Ostend to Ghent, where they are greatly needed.

Lord Robert Cecil is in Paris organizing a general bureau of information about the wounded and missing, and Lord Elphinstone will undertake the same work in Belgium.

A sum of some £1,250 has been expended in the purchase of blankets and clothes for the sick and wounded, and in addition some £730 of medical stores have been bought.

The Duchess of Westminster's Hospital.

We congratulate the committee of this hospital on appointing a highly trained nursing staff to assist the eminent medical officers under Major Henry E. M. Douglas, R.A.M.C., V.C., D.S.O., who will act as Military Commandant-in-Charge. More especially we approve the committee's wisdom in recognising the absolute necessity of having both a trained Matron and Assistant Matron to superintend the nursing department.

The party of nurses whose destination is Paris left England for France this week in the Erin, Sir Thomas Lipton's well-known yacht, numbering nineteen as follows:—

Matrons.—Mrs. E. H. Phillips, trained General Hospital, Maidstone, and subsequently Matron of a Government Hospital in Egypt.

Assistant Matron.—Miss C. O. Cave, trained at St. Bartholomew's Hospital, Matron Cromwell House, Highgate.

Sisters.—Miss Hughes and Miss Hill (Guy's), Miss F. Kulker, Miss E. G. Clowes (St. Bart's).

Nurses.—Miss Bailey, Miss K. A. Hallett, Miss Vincent (St. Bart's), Miss E. J. Denham (Guy's), Miss N. M. Butterworth (University College), Miss Reardon (Middlesex), Miss Kirkham (St. Mary's), Miss Stuart (General, Salisbury), Miss E. Kitchen (Hooe Inf., Chester), Miss T. Mitchell (General, Hutingdon), Miss M. Stockwell (Victoria, Hull), Miss F. H. Roberts (St. Bart's, Rochester), Miss E. M. Broadbent (General Inf., Dewsbury).

The Hospital is under the auspices of the British Red Cross, which now insists on a fully trained nursing staff. We are informed that the knowledge of French was not obligatory. All the equipment for the hospital has been forwarded to Paris.

Lady Muir-Mackenzie, sub-director of the Women's National Service League, writing from the offices, 30, St. James's Street, S.W., calls attention to the dispatch by the League of a fully equipped hospital to Antwerp, to help the Belgian Red Cross, of which Mrs. St. Clair Stobart is in charge. Further funds are urgently needed.
AUSTRALIAN NURSES AT THE FRONT.

We are indebted to the courtesy of the editor of The British Australian, the fine pictorial weekly which keeps us in touch with the great Commonwealth, for the use of the two pictures showing (1) The quarters of the Australian Voluntary Hospital in France at the Base, and (2) Arrival at the Hospital—Tea is coming.

To Miss Joan Dow, one of the nurses with the Australian Voluntary Hospital, who, to her bitter disappointment, has been invalided home, we are indebted, says The British Australian, for the accompanying photographs of the hospital and its personnel.

The hospital, as we know and expected, is doing splendid service, and doctors, nurses and the rest of the staff are working together in gratifying harmony.

Miss Dow speaks enthusiastically of the careful way in which Colonel Eames, Dr. Shields, and the other doctors look after the nurses, assisting them in every difficulty, and protecting them from possible danger. Where the hospital has been or is at present may not be stated, as the Censor dislikes geographical accuracy. It has, however, been busy at its appointed work of caring for the sick and injured who come in from the front, sometimes faint with hunger as well as from their wounds, but always uncomplaining and cheerful. First of all the hospital staff feed them, then their wounds are attended to, and afterwards, as soon as possible, they are taken to a hospital ship for the same fine spirit of cheerfulness prevails. The soldiers’ favourite songs, says Miss Dow, are “It’s a long, long way to Tipperary” and “Oh! you beautiful doll,” the latter, perhaps, beating the former in popularity.

Whenever the nurses heard the tramp of feet they at first ran out in the hope of seeing a British regiment pass by. Soon they learnt that if there were no sound but that of the marching the regiment was French. The French do not sing; it perhaps could hardly be expected of them. Thoughts of what is going on in the French countryside, where a barbarian foe is murdering innocent folk in the villages and destroying beautiful towns, is not conducive to singing, unless it be singing songs of revenge. In any
LETTERS FROM THE FRONT.

From Houlgate, Calvados, France, a Sister writes: "We are very busy here, many of the wounded being in a very bad state. Every available hotel and public building is being used for the soldiers."

Another Sister near by writes: "How thankful I am to be permitted to help to care for these wonderful men, English and French alike. Here under this roof seem congregated specimens of all the virtues worth having—unyielding courage, devoted patriotism, gratitude. It is well to go through this experience, to realise the divine in human nature. I am so happy to know how marvellous beyond measure is mind over matter.

ARRIVAL AT THE HOSPITAL—TEA IS COMING.

Left to right—Miss J. Arnold, Miss M. Bow, Miss Burns, Miss Anderson, Miss Greaves, Miss Mackenzie.

We are doing our very best, wrestling night and day to do our part to the utmost of ability and capacity."

From Paris a Sister writes: "But indeed I am glad I can speak the lingo, it makes all the difference, especially at night. One brave dying boy whispered, almost with his last breath, 'Pray for the passing of my soul in French.' Let me listen. I was thankful to be able to carry out thus his very last wish; although the language did not matter, I prayed from my heart.'

In another letter this Sister cries out: "Oh, never, never shall this horror pass from memory! The pity of it! The Temple of the Holy Ghost—all shattered and broken. I keep crying out to God, why, why?"
We are glad to know this woman of feeling is in the right place.

A Polish gentleman has sent the Morning Post the following account of his visit to a local hospital at Dieppe, in which 100 German wounded were being nursed:

"As I was familiar with the German language, it occurred to me that I might, perhaps, be able to turn my spare time to account by acting as interpreter between the French nurses and their German patients, as they were badly handicapped by their ignorance of German. I was at once surrounded by a crowd of nurses, each one of whom wished to take me at once to her particular ward. One nurse said to me: 'I have a very bad case, and I am sure he wants to ask for something; do come to him at once, otherwise it will be too late.' I followed her, and she led me to a stretcher, on which a young man of twenty or twenty-three, terribly wounded, was lying. I spoke to him in German and his face brightened at once; but, unhappily, he had no strength left. He murmured a few inarticulate syllables. Then he was silent. The doctor bent over him and said that he was dead. All the nurses in the ward bowed their heads and the sisters of charity prayed over him softly.

'I passed on to other patients. Most of them asked for water to drink, or coffee, or chocolate. 'We will pay for it,' they said. Others who had been wounded in the body implored me to get them clean shirts at their own expense. I translated their requests to the nurses, and assured the patients that the French people were far too humane not to provide them with everything they needed.

'The majority of the wounded had only reached Dieppe after four days of travelling, and several of them died during the few hours I was in the hospital. I was glad to be able to assist the French authorities in identifying them, so that perhaps their families may some day have the small comfort of knowing when and where they died.'

The British Field Hospital, Antwerp.

We are indebted to Lady Helena Acland Hood for the following interesting news of the British Field Hospital after its arrival at Ostend:

'The most enthusiastic and cordial welcome greeted the party on landing, and a special train was waiting to convey them to Antwerp. A fine building was placed at their disposal on their arrival, and being informed that heavy fighting was going on in the near neighbourhood they lost no time in preparing and making ready for the reception of the wounded.

'The sixteen wards were seen in order, and a unit, consisting of three surgeons and three nurses, started off in a motor ambulance for the front. They noticed much damage and destruction as they passed through the streets, and the venerable cathedral has suffered cruelly at the hands of the enemy. On leaving the city, they made for the front, and on the way left half their party at a small house which they arranged to utilize as a sort of base hospital.

'The scenes they encountered were heart-rending, and the surgeons from whom Lady Helena Acland Hood received the above news say that the sights were enough to amaze the strongest.

'On their return, two hours later, they found a stream of wounded men pouring into the hospital—the majority of the patients suffering from the cruel effects of the German artillery shells. 'We, fortunately, were supplied with abundance of morphia and chloroform,' writes the surgeon, 'and were able to give relief.'

'Mrs. Dalton, the widow of Fleet Surgeon Dalton, who is a nurse with wide experience, is Night Sister; and Nurse Parminter is the Sister in Charge on duty in the hospital.'

Extracts from a letter published in the Times, dated from Antwerp on the 11th inst., proves how urgently trained nurses were required there a fortnight ago—a need supplied since then to some extent. The writers—two sisters, who went to the Front as helpers in the Emergency and Messenger Corps attached to the Red Cross Nursing Corps—were each in charge of a ward in a hospital in that city.

'You cannot imagine what the life here is like: we are in a big school here at present, fitted up as a hospital. We were prepared to take in up to fifty wounded, but on Saturday morning there was a terrific battle just outside the town; 1,900 wounded were brought in in a steady stream. Nearly 300 were brought to us, and from 10 am. Saturday till 2.30 am. Sunday we never stopped preparing beds and lifting wounded on to them; it was terrible. Many were most frightfully wounded, and each day takes its toll of the wards.

'We have only twelve nurses, so you can imagine it is simply incessant work. We all of us get our share of nursing. We are all well, and have certainly made ourselves of use since we arrived.

'I don't think anything in the way of horrors will ever turn us after this experience. The pluck of some of these men is marvellous. . . . One poor officer boy who came in was shot in about twenty places, absolutely shattered, and died almost at once, luckily.

'It is cheery to go through the wards now and see the bright faces of most. We have, perhaps, six or eight who will probably die, but the rest have gone ahead wonderfully and begin to joke together and amuse themselves.

'. . . We are not attempting a field hospital as well as present; it would be rather too risky work, and we have more than we can do here. When the Germans get definitely driven back, we shall follow up our army, sending the cases on as quickly as possible to our base hospital here, but that can't be expected yet; so we really are as safe as in England.'
THE CARE OF THE WOUNDED.

The King and Queen paid a visit to the Connaught Military Hospital at Wootton on Sunday, where wounded soldiers from the theatre of war had just arrived. His Majesty wished them all a speedy recovery.

The Queen has accepted the Presidency of Queen Mary's Royal Naval Hospital, Southend-on-Sea, which has been instituted for the benefit of sick and wounded sailors and marines. It is arranged in the Palace Hotel, and can accommodate at least 400 patients. Lady Maud Wilbraham, Lady District Superintendent of the Metropolitan area for the St. John Ambulance Brigade, has been appointed superintendent.

The Press Bureau has issued a very interesting and satisfactory account of how the sick and wounded are being distributed after their arrival in this country.

All the hospital ships proceeded to Southampton, where there is a special staff for the reception and distribution of the sick and wounded officers and men who are being sent home on them. The arrangements are under the control of a hospital centres. At the railway stations of these localities arrangements are made by the military authorities for conveying sick and wounded in motor or other ambulance vehicles from the railway stations to the hospitals.

As the military hospital's get filled up, arrangements have been made for transferring sick and wounded from them to various hospital's arranged by voluntary effort.

When sick and wounded are sufficiently convalescent to be granted sick furlough advantage is being taken of the many offers of accommodation for them in convalescent homes in different
parts of the country. These arrangements are working very well.

Quarter-Master Sergeant William, of the 2nd Suffolk, had displayed great bravery at the Battle of the Marne, where he was badly wounded, having part of his leg shot away. He secured a trophy of war in the shape of a German artillery officer's helmet, which he carried strapped to his haversack for four days before being wounded. Our picture shows the brave sergeant showing his trophy to his nurses at the 3rd Northern General Hospital, at Leicester.

A sum of £3,000 is required to equip the five newly-renovated wards at Charing Cross Hospital, opened for the use of our wounded soldiers.

FOR CANADIANS.

Canadians at home are looking after the welfare of the troops to come. The Canadian War Contingent Association has accepted the generous offer of Sir Arthur and Lady Markham to give their residence, Beachborough Park, Shorncliffe, for their use as a hospital.

Mr. and Mrs. Meat are lending Johnson Hall, near Eccleshall, for convalescent soldiers, fitted with beds and Red Cross Nurses.

Mrs. Arnold has given her house, 47, Roland Gardens, S.W., to the Association, to be used as an officers' hospital; fifteen beds have been provided. Subscriptions and stores are required.

Clothing, bed, and household linen, medical and surgical requisites, bandages and dressings are urgently needed for the Queen's Canadian Military Hospital at Shorncliffe. Such things as flannel shirts, pyjamas, dressing gowns, bed socks, slippers, and nightshirts, will be gratefully received. Further particulars can be obtained from Mrs. McLaren Brown, Hon. Sec., 30, Sloane Court, S.W.

THE AMERICAN "RED CROSS" CONTINGENT.

GREETINGS FROM THE NURSES.

The beautiful American "Red Cross" ship came into Falmouth Harbour on Thursday last week, bringing 12 units of doctors and nurses for service in all countries which are at war, 2 units to be sent to England, France, Germany, Austria and Russia. On Friday we received a letter from Miss Helen Scott Hay, sending "Greetings from the American Red Cross Nurses just landed at Falmouth. It has been a most interesting trip over, and now is given beautiful days for seeing this part of lovely England, till we are permitted to proceed on our way. I go to Russia via Dundee and Gothenberg, so least may not see you. I shall give a card to one of the groups to be left in England, so that they may meet you. With warmest greetings."

Miss Hart left for Russia with two units on Thursday, with all the good wishes from her English sisters she deserves, the National Council of Trained Nurses presenting her with a bouquet of English flowers. Already twelve of the American nurses are on duty at the American Hospital established at Oldway House, Paignton, the beautiful seat of Mr. Paris Singer, who has lent it to the American women in England. The hospital is under the auspices of the Red Cross Society, and as 306 wounded men arrived there last Sunday, and a second contingent of 150 on Tuesday, the American nurses are just in time to lend a hand. As only twelve can be accommodated at Paignton, the others will probably go to Netley. Lady Paget, who is the President of the American Red Cross Corps of Nurses, informs us that a boat will leave for the Continent this week under the charge of Major Patterson. That two units (twelve nurses and three surgeons) will be landed in France, Germany, and Austria, and will proceed to all the fighting areas. Other American nurses are coming over with Dr. Nears.

UNITS ASSIGNED TO COUNTRIES AT WAR.

RUSSIA.

Unit 1.—W. S. Magill (Surgeon); Philip Newton Assistant Surgeon; Paul H. Zinkhan, Assistant Surgeon; Helen Scott Hay, Directress; Lucy Minningerode, Head Nurse; Nurses: Frederika Farley, Helen Lindeman, Helen G. Northwood, Maud H. Metcalf, Sophia V. Kiel, Blanche Horner, R. Lee Crowell, Florence Snyder, Florence Farmer, Rachel Torrance, Margaret Pepper.

Unit 2.—E. H. Egbert, Surgeon; B. S. McClintic Assistant Surgeon; Arthur M. Zinkhan, Assistant Surgeon; Charlotte Burgess, Head Nurse; Nurses: Margaret McGary, Mary F. Bowman, Anne Hansen, Alice Gilbourne, Alma Foerster, Mary E. Hill, Gertrude Hard, Martha Moritz, Edwina Klee, Frida Hartman, Lucie Bartram.

ENGLAND.

Unit 1.—Josephine Beatrice Barman, Supervisor; Elizabeth Weber, Assistant Supervisor; Nurses: Clarice Bee Liman, Charlotte Eaton, Margaret Norris Hennessy, Minnie Mason, Mrs. Jesse S. Parsons, Edna Reese, Margaret A. Strycker, Elizabeth J. Welsh, Eleanor M. Scott, Reje T. Taylor, Adeline Thomas.

Unit 2.—Mabelle S. Welsh, Supervisor; Louise A. Bennett, Assistant Supervisor; Nurses: Margaret G. Egan, Anne A. Carney, Nellie M. Strong, Frances B. Latimer, Mary A. Brownell, Annie S. Barclay, Mary Theresa McCarthy, Hertietta Koechlein, Ellen T. Riley, Grace K. Perkins, Margaret A. G. Hickey.

FRANCE.

Unit 1.—Margaret Lehmann, Supervisor; Agnes E. Jacob, Assistant Supervisor; Nurses: May A. Mulcahy, Mary C. McNiel, Emogene E. Miles, Martha L. Henderson, Faye L. Fulton, Minnie J. Bowman, Margaret Blake Purvis, Leslie Wentzel, Emma B. Loose, Anna C. Loelving.

Unit 2.—Alice Elizabeth Henderson, Supervisor; Elizabeth W. Riffel, Assistant Supervisor; Nurses: Grace Douglas Barclay, Eva Louise Doyat, Helen Covey, Florence M. Waters, Sara W. Crosley, Rebecca Watson, Sydney Adele Lewis, Valeti Sara Case, Mary Magdalen Boyle, Martha Ann Hartman.
Germany.

UNIT 1.—Frances Helen McEnany, Supervisor; S. Louise Stone, Assistant Supervisor; Nurses: Alice B. Wyatt Weston, Louisa E. Siegel, Anna Emily Goertz, Linda K. Meis, Caroline W. Bell, Ellen Jane Thomas, Grace Wilday, Hattie B. Moore, Lilian L. Halliday, Esther Rosenberg, Sara K. McCarron.

UNIT 2.—Anna L. Rentinger, Supervisor; Nurses: Lily M. McEnany, Bertha H. Becht, Virginia A. Ran, Mary M. A. Weiss, Claudia M. O'Neill, Helen Arlene Fitz, Kathryn J. Ulmer, Donna G. Burgar, Harriet P. Hukins, E. Elsie Evers, Dorothea Mann.

Austria.

UNIT 1.—Alice C. Blaie, Supervisor; Katrina E. Hertzer, Assistant; Nurses: Eva P. Mannier, Mollie L. McKenney, Clarabel Schofield, Clara P. Reynolds, Mary Graham, Grace Bentley, Margaret C. McGuire, Rosina Volk, Julia S. Schneider, Katherin M. Volk, Nettie Eisenhard.

UNIT 2.—Lydia W. Anderson, Supervisor; Elizabeth Dooley, Assistant Supervisor; Nurses: Genevieve Dyer, Lulu B. Martin, Bertha Butterfield, Cynthia Richardson, Anna Sutter, Margaret Leonard, Ella Hoff, Ella Weinman, Anna Donneshausen, Margaret Bodkin, Marie Marshall.

The Nurse in War.

The hall is opened once again.
Where Death holds court in state,
The men of many nations
Troop through the sombre gate;
But some will fall before the porch,
Will stumble on the stair,
We gather those, we tend them,
They are the nurses' care.

The merciful high Heaven
That sees the truth of all—
The coward and the hero,
The men who rise or fall—
Has given us the duty
To staunch the wounds that bleed,
We ask not whether friend or foe,
Only—the patient's need.

Till right and wrong are settled
In Heaven for evermore
The nations still will clamour
To God for aid—in War.

For us the law is simple,
Is written plain to read—
To us in place of God there stands
Only—the patient's need.

M. Mollitz.

A Happy Thought.

A Santa Claus Ship is to come to Europe loaded with gifts from American children for War orphans. The suggestion is being taken up with great enthusiasm by the newspapers, and prominent people. Besides toys, practical gifts such as caps, blouses, mittens, stockings, shoes, food and money are being offered.

APPOINTMENTS.

Matron.

Asilo Materno, Tarin, Italy.—Miss Wilhelmina Cross has been appointed Matron. She was trained at Hackney Infirmary, London; and has been Matron at the Ospedale Principessa Johanna, Milan. Miss Cross holds the certificate of the Central Midwives Board.

Assistant Matron.

North Evington Infirmary, Leicester.—Miss May G. Jump has been appointed Assistant Matron. She was trained at the Union Infirmary, Liverpool, under the Select Vestry of the Parish; and has been Home Sister at South Shields Infirmary.

Ilford Isolation Hospital, Chadwell. Miss B. M. Lowesley has been appointed Assistant Matron. She was trained at Poplar and Stepney Sick Asylum, and has been Sister and Night Sister at Kensington Infirmary, Assistant Matron Larbert Asylum, Sister Ilford Isolation Hospital, and Assistant Matron at Bethnal Green Schools, Leytonstone.

Home Sister.

Victoria Hospital, Blackpool.—Miss Annie Cross has been appointed Home Sister. She was trained at the General Hospital, Manchester; and has been Sister at the Royal Halifax Infirmary, Harrogate Infirmary, Royal Victoria Hospital, Bournemouth, and Night Sister at the Coventry and Warwickshire Hospital.

Night Sister.

The Infants' Hospital, Vincent Square, S.W.—Miss Mabel Eaton, has been appointed Night Sister. She was trained at the Isolation Hospital, Preston, and the Bradford Royal Infirmary; and has been Staff Nurse at the Brompton Hospital for Consumption.

Essex County Hospital, Colchester.—Miss Mabel Mitchell has been appointed Night Sister. She was trained in the same institution; and has been Sister of both the Children's Surgical Ward and the Women's Surgical Ward.

Royal United Hospital, Bath.—Miss Annie Hughes has been appointed Night Sister. She was trained at the Royal Infirmary, Chester. She has been Sister and Temporary Night Sister at the Royal Infirmary, Oldham, and Sister at the District Hospital, Walsall, and Theatre Sister at Kingston-on-Thames.

Sister.

Isolation Hospital, Muswell Hill, N.W.—Miss Ellen Day has been appointed Sister. She was trained at East Dulwich Infirmary, and as Pupil Midwife at Chatham; she has done private nursing; and been Sister at the Eastern Hospital, Homerton, and at Joyce Green Hospital.

Carr Gate Hospital, near Wakefield.—Miss E. M. Doyle has been appointed Sister. She was trained at Lewisham Infirmary, and has wide experience.
as Sister and Night Sister in various hospitals, and Deputy Matron at Weston-super-Mare Fever Hospital.

Tynemouth Union Infirmary.—Miss Gertrude Nelson and Miss Mary E. Southern have been appointed Sisters, both of whom were trained at the Newcastle-on-Tyne Infirmary. Miss Nelson has been Charge Nurse at Stockton, and Miss Southern Staff Nurse at Newcastle-on-Tyne Infirmary.

CHARGE NURSE.

Eclesall Workhouse Infirmary.—Miss Beatrice Challenor has been appointed Charge Nurse. She was trained at Booth Hall Infirmary, Manchester; and has since done private nursing.

NURSE.

Charing Cross Hospital, London.—The following six nurses have been appointed for the Wards shortly to be opened: Miss Ellen Holberton, St. George's Hospital; Miss Beatrice M. Screech, General Hospital, Bristol; Miss Hilda Frampton, Stanley Hospital, Liverpool; Miss Ellen L. Wager, Swansea General and Eye Hospital; Miss Edith McDougall, Royal Infirmary, Chester; Miss Victoria Mitchell (Theatre Staff Nurse), Leeds General Infirmary, Leeds.

LADY HEALTH VISITOR.

Borough of Jarrow.—Miss Mary E. Comyn has been appointed Lady Health Visitor. She was trained at Jervis Street Hospital, Dublin, and at the South Eastern Fever Hospital, London; and has worked under the London County Council.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Transfers and Appointments.

Miss Ethel E. Wood is appointed to Cornwall as Assistant Superintendent. Miss Wood received general training at Bristol General Hospital, midwifery and district training at Gloucester, and has since held several appointments under the Institute, including that of training midwifery at Gloucester.

Miss Mary Barker is appointed to Tunbridge Wells; Miss Eila O' Connor, to Huddersfield; Miss Jessie McLachlan, to Woolton; Miss Ellen M. Reade, to Kingston.

TRUE TALES WITH A MORAL.

Obsolete.

Nurse (going to the front): Doctor:
Nurse: May I ask who is going to be matron?
Doctor: The Duchess of Flashlight will be Lady Superintendent and direct the nursing staff.
Nurse: How up to date? And who will order the medical treatment?
Doctor: As chief medical officer, that of course will be my duty.
Nurse (rising): How very obsolete!

NURSING ECHOES.

Following the example of the National Council of Trained Nurses in establishing an Oration in memory of the late Miss Isla Stewart, the National Union of Trained Nurses are to hold a similar function in memory of Miss Florence Nightingale at Liverpool on October 8th, in the Town Hall, at 3 p.m. The Lady Mayoress will preside, and the Oration will be delivered by Miss Amy Hughes, the President of the Union. All nurses are cordially invited, and it is hoped there will be a large attendance, as the present is a very appropriate time to remember the high ideals of devotion and self-sacrifice displayed in her life and work by the Lady with the Lamp. Miss Jolley, the President of the Liverpool Branch of the Union, is, we believe, busy in France caring for the wounded.

The ladies who wrote to the press recently asking for funds to train unemployed domestic servants as nurses "so as to meet the grave shortage at present existing," regret "that anybody should have read into our letter any idea of placing totally unqualified women in positions that none but trained nurses should fill." Whoever inspired it, the suggestion was very inopportune, as the public, amongst them many hospital matrons, want to know why, if there is so much unemployment amongst domestic servants, there should be such a shortage of capable ones, or indeed of applicants of any kind for really comfortable and excellent situations where good wages are paid. Matrons inform us that they often advertise for domestics in the general and nursing press without any result whatever. Why not apply to the Secretary of the Domestic Servants' Association, 52, Portland Place, W.? We have received several interesting letters on this question. One lady says, "I and my friends who need good maids, have come to the conclusion that if domestics are unemployed, the probable reason is because they are unemployable—the majority need teaching the simplest things." Another writes, "There is one thing which will enter into the proposal to prevent the flooding of the Poor Law Hospitals with domestic servants as nurses, a very small proportion of them will do the really hard work the nurses are called upon to do in training."

We learn on good authority that the Local Government Board does not propose to hold
any inquiry into the cause of the suicide of Miss Charlotte Phipps, late Superintendent Nurse at Barnet Workhouse. We presume one woman more or less, dead or alive, is of very little importance to this hardened State Department. It is proposed to submit an emergency resolution dealing with this tragedy at the forthcoming meeting of the Matrons' Council on October 9th, and we sincerely hope the Infirmary Matrons' Association will take some action also.

Her Excellency Lady Helen Munro-Ferguson, the wife of the Governor-General of Australia, has consented to become Patroness of the Australasian Trained Nurses' Association. Lady Helen's intimate knowledge of every argument for and against State Registration, her wonderful facility of speech, and her genuine interest in the uplifting of the profession of nursing, will make her official association with Australasian nurses of the utmost value to their future progress.

At the Annual Meeting of the A.T.N.A. it was agreed to co-operate with Victoria and form the Federal Council in order to affiliate with the International Council of Nurses. The Chairman, Dr. Millard, said the benefits of joining would be considerable, as nurses abroad would often find their status better defined if their country was affiliated to the International Council of Nurses.

Miss Blomfield urged that Australian nurses should have an exhibit at San Francisco next year, and urged that they should be adequately represented at the great International gathering. Owing to want of forethought, Australian nurses had not been properly represented except at the Buffalo Congress. Miss Blomfield's suggestions were agreed to. It will be sad if, after all, the War puts an end to this long-anticipated Meeting of the International Council of Nurses, and Australia and China, both ready to come in, are not included next year in our Federation. Let us hope for the best, but duty may prevent the fulfilment of all our wonderful plans.

THE PASSING BELL.

We regret to report the death of Miss Lilian Evan Spicer, a daughter of the former Chairman of the L.C.C.

She had been a nurse at the London Hospital, and threw into her work a fine enthusiasm. A long illness and a severe operation did not quench her courage and patience.

THE NURSES' MISSIONARY LEAGUE.

As the Nurses' Missionary League Valebrator Meetings are being held as we go to press we hope to report the interesting proceedings next week. The following is the list of Sailing Members April, 1914; March, 1915:

SAILING MEMBERS.

Miss Aitken (W.M.M.S.), trained at Royal Infirmary, Manchester, proceeding to Medak.
*Miss G. A. Asle (C.M.S.), trained at Midnethy Mission Hospital, to Old Cairo.
Miss A. Buck (S.P.G.), trained at Rotherham Hospital, to Delhi.
*Miss K. Colley (Church of Scotland), trained at Melbourne Hospital, to China.
Miss A. Cooper (C.M.S.), trained at Great Northern Central Hospital, to Odishi.
Mrs. J. Lewis (B.M.S.), trained at Royal Hants County Hospital, Winchester, to the Congo.
Miss M. K. Cox (C.M.S.), trained at St. Thomas' Hospital, to Hangchow.
Miss F. M. Garrett (M.C.M.), trained at Greenwich Infirmary, to Brazil.
Miss A. Griffiths (W.M.M.S.), trained at Royal Infirmary, Manchester, to Burma.
Miss M. Griffiths (Z.B.M.M), trained at Portsmouth Infirmary, to Lahore.
Miss M. E. Guyton (B.M.S.) trained at Brownlow Hill Infirmary, Liverpool, to Bijuwani.
Miss H. A. G. Hawley (American Board), trained at Western Infirmary, Glasgow, to Albania.
Miss R. C. Heath (American Mission), trained at Great Northern Central Hospital, to India.
Miss C. Henderson (W.C.M.C.), trained at Royal Southern Hospital, Liverpool, to Ludhiana.
Miss E. A. Hines (S.B.M.), trained at Edleston Infirmary, to S. India.
Miss J. M. Macready (Z.B.M.M.), trained at Royal Infirmary, Glasgow, to Lucknow.
*Miss C. E. Nicholson (C.M.S.), trained at Melbourne Hospital, to Kanaghat.
Miss R. Oates (C.E.Z.M.S.), trained at General Hospital, Hereford, to Quetta.
Miss E. A. Patmore (C.M.S.), trained at St. Mary's Infirmary, to Toro.
*Miss S. A. Plumb (C.M.S.), trained at Melbourne Hospital, to Chekiang.
Miss G. Santler (C.M.S.), trained at Royal Infirmary, Bristol, to Kweilin.
Miss L. A. Stanley (Diocesan), trained at Aston Infirmary, to Sierra Leone.

The plans of all the sailing members are very uncertain, the departure of some of them, and of some of the members who were returning to their stations after furlough, have been postponed indefinitely. Some have offered for service in connection with the War.

Miss Richardson will be at home to nurses at 52, Lower Sloane Street, on mornings and afternoons of Thursdays, October 8th, 15th, 22nd, and

* Members marked * will have sailed before September 30th.
Nurses Near and Far, the organ of the Missionary Nurses’ League, is a little magazine full of the records of the heroic, silent work of nurses in the mission field, and is a very living link between them. From China someone writes:—

"For last year's Camp I wrote mentioning some special needs for prayer, and one in particular. That special need has, during the year that has passed, been beautifully granted, and has been such a great joy to me. Your time of intercession at Camp can and does mean so much for us who are in the midst of things."

THE COLONIAL NURSING ASSOCIATION.

The Colonial Nursing Association has of late years become a truly imperial organisation, and the Report just to hand proves that its beneficent work has stretched out and come in touch with the people in our farthest Dominions.

The more important developments which have taken place during the past year are as follows:—

The appointment of a Nurse-Matron for the Pretoria Hospital, Gold Coast; three Nurses for the Masina Hospital, Bombay; one Nurse for the Matilda Hospital, Hong Kong; two Nurses for the Leper Settlement in connection with the Basutoland Government Hospitals; two Nurses for a Maternity Home in Bloemfontein; and two Nurses for work in the Australian Bush under the Victorian Bush Nursing Association.

The Report continues:—

"Not only is this list quite up to the rate of annual increase in our activities which we have come to expect, but it includes some departures of rather unusual interest. For instance, the Victorian Bush Nursing Association is a courageously undertaking of recent growth in which an Association such as ours must take a keen interest. For its object is to bring the blessing of skilled nursing into the homes of the scattered settlers in a new country, and its organisation has already accomplished what seemed impossible in some of the country districts of Victoria.

"We are exceedingly glad also to be able to be of service to so remarkable an Institution as Dr. Masina’s Hospital at Bombay, which, thanks mainly to his unselfish labours and to the support of the Parsee community in that city, has grown from small beginnings into a fine hospital run on philanthropic lines for the sick of all nationalities. Dr. Masina already reports enthusiastically of the work of our three nurses, and asks for a Matron and two more nurses to be sent out shortly."

"The Nursing Staffs in various Colonies have also been increased. In this connection may be mentioned an additional Nurse for the Gambia, two additional Nurses for the Ceylon Government Hospitals, and extra Nurses for the branches in Mauritius and Selangor."

"Two C.N.A. Nurses on the Staffs of the Trinidad Hospital and of the Georgetown Public Hospital, British Guiana, have been promoted to the Matronships of the San Fernando Hospital and Berbice Hospital respectively, and candidates were at once supplied to fill the vacancies thus caused."

"The Government of Western Australia has recently applied for 10 more Nurses for work in the Government Hospitals. This is a pleasant testimony to the value of the 10 Nurses supplied by the Association in 1912, and the new vacancies are already nearly all filled."

In addition to the above-mentioned developments, Matrons and Nurses have been selected to fill many vacancies caused by the termination of engagements. The quotations from letters are of a most gratifying character. The following from a Nurse’s letter describes the Onoway Hospital, started only last summer under the auspices of the Edmonton Mission in the prairie country of Alberta:—

"Everyone is astonished when they come here to see what an up-to-date little hospital we have so far out in the wilds; one that you would be proud of even in London. There is one thing that strikes the homesteaders, it being so very white and clean inside, something so totally different to their own shacks, which as a rule are very rough log houses. . . . The homesteaders round us have welcomed us with open arms. . . . Our maternity cases have done well so far. One came a two days’ journey in a wagon drawn by oxen. We have also a man who nearly cut his foot off with an axe. It took him ten hours to get to us, and he lost a great deal of blood. . . . We have saved his foot for him. . . . Before we had a doctor here, an old man came to me to have his hand opened, he had run something into it, and it was getting so painful that he could not hold the reins. I started to open his hand; his skin was as hard as horn. He suddenly winced, and I said to him, ‘Am I hurting you?’ He replied, ‘Oh no, madam, but I guess that you have got to the meat.’"

"Eleven Silver Badges for meritorious service of five years and upwards have been awarded during the year, bringing the list of Matrons and Nurses who have now received this distinction up to a total of 89. An asterisk marks the names of those in the Nurses’ List who have earned this distinction."

We are pleased to note the professional nature of the Nursing Committee of the Scottish Branch of the Association, on which Miss Gill, Miss Melrose, Miss Gregory Smith, Miss Edmondson, Miss Burleigh, and Miss Cowper have seats, whose professional experience must be of the utmost value in the selection of the Nursing Staff for Colonial service.

Typhus is reported to have broken out among the Germans situated in the camps around Brussels and in the valley of the Dendre near Termonde. The disease is said to be causing fearful ravages, and already many Germans are reported to have succumbed. It is true, here is work for nurses."
The British Journal of Nursing.

October 3, 1914

THE "GUNTHORPE" HELPLESS SHIRT.

Mrs. Gunthorpe, formerly trained as a nurse at Middlesex Hospital, has designed a bed garment, known as the "Gunthorpe" helpless shirt, which should prove a great boon to the wounded and to those who are entrusted with the nursing of them. When we are told of the terrible nature of the injuries to some of our brave soldiers, we realise at once the supreme importance of minimising as far as possible all jar or exertion.

The shirt in question is, with the exception of the wide sleeve, cut in one piece and is unjoined at either side from the tail to the extremity of the sleeves. In a case of extreme injury the garment can be opened out and the front turned completely back. The patient can then be laid upon it, the front breadth being drawn over the head through the opening which forms the neck; it would then be fastened down either side by tapes. The sleeves fasten in the same manner. If it is undesirable that the patient should lie on the back breadth, it can be turned up over the pillow, or the tail can be drawn into a hood as in the diagram. Another pattern for chest and neck injuries is made with a deep yoke which unbuttons and turns back. Mrs. Gunthorpe has also invented a very useful bed jacket on similar lines. Arrangements have been made by Madame Emma Gilley, of 291, Regent Street, to have the shirt cut out and affix tapes for the price of 1s. 3d.

The material can be obtained at the same address, running thirty-six inches wide, at 2s. a yard.

We advise our readers to call and see it for themselves.

HORLICK'S MALTED MILK.
WHAT TOMMIE THINKS OF IT.

In stocking the household food store, especially in military hospitals, we advise housekeepers and Home Sisters not to omit Horlick's Malted Milk. Not only is this preparation a dependable food-drink for daily use, but as a provision against emergencies it is invaluable. Moreover, it is delicious, and can be mixed with a minimum of trouble. Recently we found it well known to, and immensely in demand by, young recruits when offering them refreshment after an exhausting day of marching, drilling, and physical work.

"Give me 'Orlick's; it's topping stuff," said one. "A jolly good pick-me-up," said number two.

As a refresher for a wounded man nothing can better it, and a glassful taken hot may often induce most restful sleep. In tablet form, to be dissolved in the mouth, we could wish our brave soldiers at the Front had an ample supply.

OUTSIDE THE GATES.

WOMEN.

The Queen has sent a dress length of grey material to a soldier's wife in each regiment of the 1st and 2nd Division at Aldershot. Her Majesty wrote to the wife of the Lieutenant-General who distributed the gift: "... I wish them to feel that I am thinking of them in their great anxiety, and that I admire their pluck."

Women of all classes all over the Kingdom are helping to make and gather together the 300,000 woollen belts and socks needed for the troops. Printed directions how exactly to make these comforts can be obtained from the Lady-in-Waiting to the Queen, Devonshire House, Piccadilly, London, W.

Irish women have been specially invited to take a hand in providing "the gift from the Queen and the Women of the Empire for the Soldiers at the Front."

The Scottish Advisory Committee has appointed ladies to act as a Scottish Committee on Women's Employment. The functions of this Committee will be to supervise and co-ordinate all schemes for the provision of work in Scotland for women who may be unemployed through the war.

The following form the Committee:—

The Dowager Duchess of Abercorn, Lady Susan Gilmour, Mrs. Hannay (Glasgow), Miss M. H. Irwin, Miss Lois P. Young, Miss Clarice McNab, Miss Marion Rutherford, Miss Mary Paterson, Mrs. Lamont, Mrs. D. H. L. Young, and Miss Alice Younger.

For the funds necessary to carry out any approved scheme of women's employment the Committee will apply through the Scottish Advisory Committee to the National Relief Fund.

EUROPE COMMITTING HARI-KARI.

An American friend writes: "Isn't this war the most hideous insanity that could be imagined? What could be so madly frenzied as for European nations to destroy each other in the face of an awakening China and India. As one of our editorialists in a daily paper says, 'Europe is committing hari-kari on the doorsteps of Asia.' Truly there is no salvation for mankind except through the redeeming power of women. Perhaps
this war will bring political power to them? Let us hope.

"I can't feel any smallest interest any longer in the Red Cross. It seems to me only a part of the militaristic machine, helping to oil the hinges, just as organised charity protects poverty and helps to keep it existent. I loathe it all. Of course, nursing has always its reason for being, but the 'patriotism' and 'loyal fervour' of Red Cross Society people make me ill.

"We had a woman's parade here in New York, all dressed in black, to protest against war—not this or that war, but War. Women should go on a 'birth strike,' I contend."

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**A GRAND NATIONAL CONCERT**

A Grand National Concert is to be held in the Albert Hall on October 24th, in support of the work for the wounded in connection with St. John Ambulance Association. Patti is to sing, and several other stars. The massed bands of the Brigade of Guards will make national music—with thrilling effect. It should be a great rousing occasion, and bring in plenty of money for the cause nearest to every human heart.

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**THE HOMES THEY LEAVE BEHIND.**

We have received a copy of the song, "The Homes They Leave Behind," the music by Walter Rubens and words by Harold Begbie. It is sold for the benefit of the National Relief Fund, and we hope it may bring in a very handsome sum. Everywhere at the Halls they are singing it, and those who listen weep.

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**COMING EVENTS.**

**October 8th.**—The Nightingale Oration, delivered by Miss Amy Hughes. Town Hall, Liverpool, 3 p.m.

**October 8th.**—Meeting Central Midwives Board. Caxton House, S.W. 3.30 p.m.


**October 22nd.**—Meeting Executive Committee Society for the State Registration of Trained Nurses. 431, Oxford Street, London, W.

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**WORD FOR THE WEEK.**

I am unable to find adequate words in which to express the admiration I feel for the magnificent conduct of our men.—*Sir John French.***

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*Strike for your Altars and your Fires;*  
*Strike for the Green Graves of your Sires;*  
*God and your Native Land!*  
*—Hailack.*

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**LETTERS TO THE EDITOR.**

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

**ANTI-TYPHOID INOCULATION.**  
To the Editor of THE BRITISH JOURNAL OF NURSING.

**DEAR MADAM,—In the South African War, in spite of anti-typoid inoculation, there were 57,034 cases of typhoid among the British troops. In the Russo-Japanese War (Olen's army, which did the severest fighting and had fully 60,000 wounded) there were only 200 cases of typhoid from the beginning of the war to the end of February, 1905, including the winter months of 1904. And yet there was no anti-typhoid inoculation.**

The difference lay in the superiority of the sanitary equipments of the Japanese. Their soldiers had their camp kettles and water boilers always on hand. Should our soldiers be asked to face the enemy on the plains of Europe and to undergo all the accompanying hardships of war, with the additional burden of fever and debility induced by inoculation? Will they fight the better for it? I am, yours obediently,  
WALTER R. HADWEN, M.D., J.P.

Gloucester.

**THE MARTYRDOM OF CHARLOTTE PHIPPS.**  
To the Editor of THE BRITISH JOURNAL OF NURSING.

**MADAM.—The pathetic tragedy at the Barnet Poor Law Infirmary, noted in your columns last week and amplified in the account in the local press, of the inquest on Miss Phipps, must not be allowed to pass without bearing fruit for the many who are working under the same galling and stultifying conditions. Every trained nurse with whom I have spoken this week signified her desire to do something to alter that which is responsible for the martyrdom and death of Charlotte Phipps. If we cannot defend the means she used, we must at least see that here a—to quote terms used by the Coroner—"highly-strung, capable woman, exceedingly desirous of doing her duty in her profession," made her supreme protest. By so doing she has roused us, as perhaps nothing else could, to a just sense of the iniquity of the system which demands all that a cultured gentlewoman with training and experience can give to the Institution which accepts her expert service, whilst it denies her those very things on which the success of the Superintendent of Nurses, who bears the title of Matron, is based—selection and control of the nurses working under her, and a just recognition from the Governing Body, who acknowledge in her a superior officer. The resignation of those six nurses—one of whom, I see, had put in twelve years of service—is a fine vindication of the honour in which their Super-*
intendent Nurse might have been held had those about her possessed eyes to see.

To be "under the heel" of the Master and at the mercy of any individual who may happen to be a Guardian bespeaks intolerable coercion and suppression, which, even if not pressed, as in this particular case, to the breaking point, must cause undue and exhausting strain and take the joy out of work, however well that work *per se* may be accomplished. Let us do something to relieve this undue weight and, haply, save others of our number. As a body— alas, for lack of State recognition, I cannot say a profession!— we should speak with an uncertain voice.

I look, Madam, to The British Journal of Nursing to indicate, as it has so often done in times past, the wisest form of protest to adopt.

Yours faithfully,
ENIEN B. KINGSFORD.

North Finchley, N.

To the Editor of The British Journal of Nursing.

Dear Madam,—What responsible nurses have to suffer under the present Poor Law system, where they are "under the heel" of the Master, and overbearing coarse male Guardians, only those like myself, who have endured and escaped from it can know. It is too terrible for words. The young can leave, but to dependent older women, to do so may mean starvation. Committees and Boards seem to realise that, and use the whip hand unsparingly. Some of us feel deeply for poor Miss Phillips, broken and despairing, fleeing to the forgiveness of God from the brutality of man. I have gone very near the edge—standing on the edge of the landing place for the local steamer, ready "to fall in accidentally," and I am not a degenerate, but was lacerated by cruel tongues to desperation.

Yours,
"VERITAS."

THE ELIMINATION OF THE GENUS MATRON.

To the Editor of The British Journal of Nursing.

Dear Madam,—Why has the office of Matron been carefully eliminated from the composition of the nursing department of so many hospitals organized for active service? As far as I can learn, not one of these units seems to consider it necessary to place an experienced Matron in charge of the nurses. Surely, this is entirely contrary to the teaching of our great prototype, "The Lady in Charge," in the Crimean War, who laid down very strongly that only trained women should supervise and maintain discipline in the nursing department of a hospital. Doctors and committees have entirely assumed this authority as far as I can learn in arranging hospitals for the Front. Why are we Matrons so ineffective? The result is that our office has apparently been depreciated in the constitution of field lace war hospitals. Nothing could be worse for discipline and nursing standards.

Yours truly,
A MEMBER OF THE MATRONS' COUNCIL.

[See Editorial.—Ed.]

To the Editor of The British Journal of Nursing.

Dear Madam,—May I draw your attention to the action of the Stone Joint Hospital Board as regards the appointment of Matron for their Fever Hospital and Tuberculosis Sanatorium? On September 13th they had four candidates for interview, women with good general, fever, and sanatorium experience, some from a great distance and at personal inconvenience, only to insult them, knowing that they had already made up their minds to have the porter's wife as Matron, not for nursing qualifications, but presumably because her husband the porter was a footballer. In consequence the whole of the staff have resigned, and for no other reason than the insult to our noble profession. I am sorry for the insult offered to those trained women who came from a distance on a make-believe interview.

Also the M.O.H. needs our pity that he has to work with a Matron concerning whose appointment he has no power. The ratepayers also need sympathy.

Justice.

[All our sympathy is with the patients. Ed.]

REPLIES TO CORRESPONDENTS.

C. D. E.—See Editorial this week. No; we believe in "business as usual," and the object of the Society for the State Registration of Nurses is "To obtain an Act of Parliament providing for the Legal Registration of Trained Nurses," and to accomplish by that object the prevention of sickness and the more efficient care of sick people. War only accentuates the necessity for such an Act. We do not approve of Women Suffrage Societies turning aside from the work they are specially organised to accomplish. General philanthropic and organizing work can well be done by the committees formed for that purpose. Suffragists helping on such committees as their time permits, but the real object of suffrage societies is to obtain power for women to become responsible citizens; and we maintain, here again, War demonstrates the absolute necessity that women should exercise such power.

L. W., N.—Will answer numerous questions next week. Reply to No. 5 is No. but every effort should be made to increase circulation, so as to increase influence. Everything we value as professional women is opposed by the commercial nursing press.

OUR PRIZE COMPETITION.

Questions.

October 16th.—Give the items for a seven days' satisfying diet, for wounded soldiers on Full Diet, in a Territorial Hospital, for breakfast, dinner, tea, and supper. Give the approximate cost for twenty men.

October 17th.—Say what you know about Dysentery and how it is treated.

October 24th.—Describe a course of procedure if secondary hemorrhage should follow the removal of tonsils.
A TEXT-BOOK FOR MIDWIVES.

Midwives and teachers of midwifery in the London area, where the writer is so well known, have for some time eagerly anticipated the appearance of the comprehensive "Text-book for Midwives" promised by Dr. John S. Fairbairn, M.A., F.R.C.P., F.R.C.S., obstetric physician in charge of maternity wards at St. Thomas's Hospital, and physician and lecturer to Midwives at the General Lying-in Hospital, York Road, S.E., and it is hoped that the unavoidable delay in its appearance, owing to trade disturbances, will not be of long duration, as the examinations of the Central Midwives Board are at hand, and it is designed to be a great help to those studying for its Certificate. In the advance proof of the Preface the author says:—

"For adding another to the many text-books from which the midwife can make her choice I can plead two excuses. First, that this one has certain characteristics of its own, and second, that what special features it may possess represent an experience of the needs and aspirations of midwives acquired by over twelve years' association with them, as teacher, examiner, post-graduate lecturer, and medical colleague. This text-book contains more than has hitherto been considered necessary for midwives, and is open to the criticism of going beyond what is required by them and of them. On this score, however, those who know the more advanced school of practising midwives will make no demur. That school is possessed with an insatiable thirst for knowledge, and is rarely content with what has hitherto been given it in books written solely for midwives. Formal medical works are in constant use, and my hope is that the scope of this book has been made wide enough to render the purchase of such unnecessary.

"The Introduction on Physiology and Bacteriology, the space devoted to obstetric complications and the operative procedures in connection with them have been included partly with this idea. "There is, however, another and a better justification for a comprehensive book. A more educated class is now coming forward to qualify as midwives, and for some time past there have been discussions as to the advisability of raising the standard of training and examination. Only the fear of the increased expense and diminished supply, involved by the necessary lengthening of the period of study, has delayed the adoption of this reform, which, sooner or later, is bound to come. This book is my contribution towards meeting the legitimate aspirations of the midwife for a higher professional education."

"The first difficulty which the teacher who aims at progress in this direction has to face is the want of knowledge of the elementary principles of physiology among many of his pupils. It is chiefly to meet this that the Introductory Sections have been included. Even if not studied thoroughly, they are available for reference. But without some effort to obtain a knowledge of the bed-rock principles on which all medical science is founded, little advance will be made by the midwife. For the teacher's second and greater difficulty is the lack of that mental drill and training in scientific method which the study of the preliminary sciences is designed to give the medical student before he begins his professional work. I have endeavoured to make the theoretical portions of this book as educative as possible, so that they might act in some slight degree as an equivalent to the pupil-midwife of the early studies of the medical curriculum. By frequent insistence on the pupil's working with the pelvis, the skull, prepared specimens and models, and by reference to points she may see for herself in the lying-in room and elsewhere, an effort has been made to train her in observation and deduction. The illustrations of actual specimens, several of them in regular use for the instruction of midwives at the General Lying-in Hospital, have been inserted with the same object. Throughout, my endeavour has been to make the pupil reason out things for herself and not merely to learn like a parrot. With this end in view, I have preferred to quote in the text the rules of the C.M.B. wherever they apply, and when necessary to explain their rationale, rather than to adopt the usual custom of re-printing them en bloc at the end of the book."

The whole work is evidently conceived in a spirit of sympathy with midwives and their aspirations.

AID FOR THE BELGIAN MOTHERS.

We learn that, due to the private enterprise of some ladies, a Lying-in hospital may be opened for Belgian ladies who have had temporarily to leave their native country. The idea is to take these ladies at a very small fee and in some cases for nothing, just to cover expenses. The nursing will, we understand, be entirely voluntary. We hope this much needed assistance for these ladies may be forthcoming, and that many a bonny little Belgian boy may thus be brought into the world under conditions as happy as may be under the distressing circumstances, to serve their country in their turn as nobly and bravely as their fathers are doing now.

MATERNITY HELP.

For many years the Jewish Maternity District Nursing and Sick Room Helpers Society has employed some 90 sick-room helps, who attend at the patients' house from eight to eight, prepare breakfast, send the children to school, and help generally in the house under a trained nurse. We observe that it is proposed by the Women's Employment Committee to encourage such workers at maternity centres.
EDITORIAL.

"O MON DIEU, AYZE PITIÉ DE MOI!"

In this country where we are removed from the intense misery which surrounds the horrors of war it is not easy, except to those susceptible to influences which do not affect less sensitive natures, to form any adequate idea of the intensity of the wave of suffering in which the sick and wounded on a large part of the continent of Europe are engulfed. Their cry ascends to the highest heaven, and it is well that ears on earth should be attuned to hear its echo.

Listen then to the account of an eyewitness—the special correspondent of the Daily Telegraph—who assisted a party of French and American ladies in feeding sick and wounded soldiers as they passed through a railway station, some fifteen miles from Paris, on their way from the front to hospitals in the remoter provinces of France.

"In the front of the train were the slighter cases who appeared at the windows. Towards the end of the train were carriages where no faces appeared at the windows, and on opening the doors one saw some ragged and helpless victim of the war lying amid straw, crying feebly for drink, and asking if here at last was the hospital where his sufferings were to end. Further back still were the great cattle wagons, the doors of which were fastened with iron bars, and which when opened revealed six, eight or even more men lying helpless in the straw, sometimes in total darkness, sometimes lighted by one lantern, the pale rays of which only added to the horrors of the scene. How can I describe the condition of these men? Some of them were crying like wolves: A boire! A boire!

"In one wagon eight of them were uniting in a ghastly chorus of suffering, we could hear them before we had slid back the great wooden doors like voices crying from the tomb... For nearly two days they had been in this dark and airless cattle wagon, burned by fever, their wounds throbbing and stabbing at every movement of the train. One man had relieved himself of all clothing in the intensity of his fever, and was tossing about naked in the straw. I wrapped him up in a blanket and gave him some hot milk, but as I left the wagon I heard him still crying 'Mon Dieu! Que de souffrances! Qui l'aurait cru possible? O mon Dieu, ayez pitie de moi..."

"All through the night train after train rolled in from the battlefield. By seven in the morning, when others relieved us, thirteen trains, containing over 3,000 wounded had passed. Three thousand at one station in a single night. So it has been going on day and night for over fourteen days, and these are only the victims of one section of the battlefield..."

"The scenes that I witnessed have left an indelible impression on my mind, and as I write I can still see these pale suffering faces, hear those cries of pain from fine men laid low in the prime of life, and the pitiless grinding of those endless trains bringing men from the front as fast as other trains are taking them up."

Modern warfare is ruthless, pitiless, barbarous, accursed. No one doubts that the present war must, in the interests of humanity, be fought to the bitter end. But war between civilized nations should be abolished. As nurses we should do all in our power at the present time to mitigate its horrors, and as humanitarians we should work unceasingly to hasten the day when "the war drum throbbs no longer, and the battle flags are furled, in the Parliament of Man, the Federation of the World."
APOPLEXY.

By Miss Amy Phipps.

Apoplexy, or cerebral haemorrhage, spoken of by lay people as “a stroke,” is a condition caused by effusion of blood into the substance of the brain or its ventricles. Cerebral haemorrhages vary considerably in extent, and may occur either as capillary extravasations, usually found in the cortical grey matter, or as isolated effusions, some of which are exceedingly large, in some cases as much as eight ounces of blood being poured out. The haemorrhages usually vary in size from a small nut to a large walnut; the limiting wall consists of brain debris, outside which lies softened tissue infiltrated with blood serum, this part often being the seat of capillary effusion. When recovery takes place, with absorption of the blood, there may still be some changes in the brain substance.

Cerebral haemorrhage occurs most frequently in advanced life, though the young are not exempt. In the latter case the disease usually takes the form of meningial haemorrhage.

The predisposing causes are many, one of the most important being degeneration of the blood vessels, the walls of the arteries of the brain being particularly liable to these changes taking place. Upon examination, small milary aneurisms are often detected, situated upon the degenerated vessels, and caused by a kind of arterial sclerosis.

The atheromatous rigidity which so frequently affects the basal vessels probably aids in the production of these aneurisms by interfering with the modifying influence which the elastic walls usually exert on the pulse wave.

The rupture, may, however, take place as the result of weakness of the vessel from a fatty degeneration without aneurism. The vessels most frequently attacked are the middle cerebral arteries and their ramifications, such as the caudate and lenticular nuclei of the corpus striatum and their surroundings. Where vascular degeneration is present, the risk of rupture of the vessels should be anticipated, and increase in the cerebral blood pressure, if possible, guarded against.

Among the many causes of increased blood pressure may be mentioned:—Violent excitement, epileptic fits, alcoholic excess, and some forms of morbus cordis. The symptoms of apoplexy are numerous. Premonitory symptoms which often precede the actual onset of the disease, are indicative of cerebral irritation, and casually arise from alteration in the intracranial circulation, and possibly minute haemorrhages. They include dizziness, headache, neuralgic pains, attacks of motor weakness, often in the parts which are subsequently paralysed, singing in the ears, and transient aphasia; some or all of these symptoms may be present, though in many cases they are apparently absent. At this stage the body temperature is usually sub-normal. The mode of the attack varies considerably. In the majority of cases there is complete loss of consciousness, this phase being sudden or following on a stage of merely mental confusion, or the pre-apoplectic stage may have lasted for several hours before loss of consciousness, loss of power over an extremity supervening at the same time.

Where there is profound coma, there is usually much pyrexia or hyperpyrexia; the respiration is irregular and laboured, the cheeks being puffed out in expiration, the face is flushed, the pulse usually full and bounding; reflex excitability, except the pharyngeal reflex, is usually abolished.

If paralysis be present, the hemiplegia is shown by the utter helplessness in the limbs of one side, and the corner of the mouth will be seen to drop on the affected side. The head is often rotated to the diseased side of the brain. Occasionally there is what is known as the epileptiform onset, when the patient is convulsed as well as insensible, in which case the paralysis often attacks the convulsed side. A few days following the onset inflammatory reaction sets in; the temperature is more elevated, early rigidity may develop, and delirium is not uncommon.

When the acute symptoms have passed, often about ten days after the onset, sensation may begin to return gradually. The tongue generally recovers early, then the facial paralysis, usually the limb most paralysed being the last to recover.

Contractions are of frequent occurrence, and may soon pass off, or may persist for months; or again, sudden oedema of the paralysed side is sometimes seen.

Apoplexy must always be considered as a serious affection. In many instances an attack proves fatal and very speedily, especially when there is profound and lasting coma, well marked stertor, complete relaxation of the sphincter, irregular pulse and slow and laboured respirations.

Such cases result from large haemorrhages often rupturing the walls of the lateral ventricles, or from large meningeal haemorrhages.
The occurrence of bed-sores should be guarded against, and there is probably difficulty in swallowing and continual elevation of temperature: a sudden fall of temperature would indicate fresh haemorrhage.

Treatment will be partly prophylactic, every possible care being taken to ward off a second attack.

Where the predisposing causes are known, treatment will be directed to the removal or prevention of the occurrence of these causes, whenever possible, but each case will need strictly individual treatment.

In treating the attack itself, rest and quiet are of very great importance. The room should be cool and well ventilated, and the patient propped up in bed with pillows. The temperature, pulse, and respiration should be taken four-hourly and recorded. The administration of nourishment must be persevered with; where swallowing is performed with difficulty, the nutriment should be concentrated and given with a teaspoon, and, if necessary, supplemented by rectal feeding. The bowels should be regulated carefully, avoiding powerful purgatives; the condition of the bladder should be noted, and it should be emptied if necessary. Every effort should be directed to improving the general health of the patient, so assisting the normal performance of the functions of the body. Various drugs, such as the bromides, aconite, ammonia, &c., are sometimes prescribed, also local applications, such as cold, either in the form of ice bag or by Leiter’s tubes, leeches, venesection, &c.

Later, electricity and massage, especially of the paralysed limbs, are usually employed, and often prove invaluable. It is impossible to estimate the good results of devoted and assiduous nursing in this disease; any fresh symptoms arising noted and reported without delay, may be of the greatest importance in bringing about a recovery as favourable as possible.

**OUR PRIZE COMPETITION.**

It is evident that nurses are unacquainted with the question of dieting and catering for patients, or that they are not interested in it, as none of the papers received, on the question of the diet and approximate cost for seven days’ dietary for wounded soldiers in a Territorial Hospital, are of sufficient merit to warrant publication, or the award of a prize. The question of diet is so important in the case of sick persons that it is to be hoped more attention will be paid to it by nurses.

**NURSING AND THE WAR.**

**TERRITORIAL NURSES AND THE PRESS.**

Dated October 1st, we have received the following letter from a Matron of a General Hospital (Territorial Force):—

Dear Madam,—I am “furious,” as I find stupid articles being published in some of the nursing papers, and would be grateful if you will not publish anything in connection with this Hospital without my knowledge and approval. I think you will sympathise with me in this matter. Being an ex-Matron you will understand how annoying it is to find rubbish printed and published. Yours, &c.

To which we have sent the following reply:—

Dear Miss—As we do not admit “rubbish” to the columns of The British Journal of Nursing, I suppose that your letter was intended for the “quack” nursing press, and conclude you have communicated with the lay and alien unprofessional persons who have the impertinence to instruct the nursing profession in this country (of course for a substantial consideration) concerning their professional affairs. You will note in this week’s British Journal of Nursing that I have touched upon this question of “Territorial Nurses and the Press” (page 261) in which I point out that so long as the Matron-in-Chief of the T.F.N.S. is herself an active member of the editorial staff of one of these publications, the Matrons in the Service can take no exception to, nor enforce any regulation which prohibits the rank and file of the Service from contributing to the press.

My advice as an ex-Matron is that you communicate with your Senior Officer, and place your complaint before her, and not to attempt to “square” editors of newspapers whose business primarily is not to maintain discipline in the institution which you control, however much they may (as I do) sympathise with your difficulties owing to the unethical standards permitted at the War Office.

**MISS CUTLER RETURNS.**

Miss Beatrice Cutler and Miss K. F. Wilkinson, of the International Nursing Corps, with Miss Stollard and Miss Ingram, who proceeded to Brussels under the authority of St. John Ambulance Association on August 14th, have returned to London, as there is at present very little work for foreign nurses to do in Brussels.

Miss E. J. Haswell, of the Registered Nurses’ Society, has been left in charge of the International Corps, and Miss V. Thurstan has returned to Brussels from Charleroi, to look after her large contingent of nurses. We have been specially asked not to allude at present to the details of the return journey of the four ladies mentioned above. Suffice it to say that they left all their compatriots wonderfully well, and that we shall hear more of their adventures anon. The Croix
Rouge de Belgique has appreciated all the English nurses have been permitted to do under German rulers, who naturally commandeered what they chose for their own uses from the various ambulances. The International party have been working under civilian rule at the Hospital St. Pierre, where 1,000 beds are available, with separate wards for Belgians and Germans, and Miss Cutler reports in terms of highest praise how harmoniously her party have worked together in every particular. Imagine sleeping fourteen in one large room. What greater test of good comradeship could there have been? But war is war, and on the whole the British nurses have borne the strain well. In recognition of their helpful work the Croix Rouge de Belgique has given as a little memento to the English nurses a medallion bearing the charming head of little Princess Marie José, the pretty young daughter of the King of the Belgians. The gift is in gilt for Superintendents and doctors, and in silver for nurses. The Countess Mériche, that delightful lady we have met at International gatherings, is the head of the Belgian Red Cross. A letter from Miss Thurstan, giving a graphic account of her adventures in the German lines is published in another column. We could hardly have blamed the Germans under the risky circumstances had they deported her as a spy. However, all’s well that ends well.

"SOCIETY AT THE FRONT."

The pose of Red Cross nurse has lost its first freshness in "Society," and we heard a grande dame remark recently that it was now considered quite démodé to rush off to the front, but the half-penny papers have shown us some wonderful specimens of "nurses in War dress" during the past week. Lady Dorothy Fielding, talking to Belgian officers, is garbed in what might be mistaken for a "bandit" habit—coat to knees, puttees, spats, thick boots, cap, badge, and water-bottle. This, we presume, is not the sick ward costume she wears as a Red Cross Nurse.

The Duchess of Westminster, who did after all go to Paris with her hospital, is, on the other hand, quite in Puritan pose, with the addition of very high-heeled shoes and a liberal display of silk stocking. What the wonderful ruby and diamond cross suspended on her bosom denotes, we do not know, but the pet wolf-hound has gone along—and will, presumably, prevent its being snatched by the battle-field crowd, when her Grace is under fire picking up the wounded.

A friend writes from Belgium that "the Red Cross Duchess, Millicent of Sutherland, was with her party politely but firmly deported by the Germans, who escorted her to the frontier, because they were convinced so fantastic a lady must have some ulterior motive for being in their midst. They concluded she was a spy because, through their own Secret Service they deal in every capital in the world with so many charming and lovely ladies in that capacity."

The Territorial Nurses of the First Eastern General Hospital at Cambridge are now very comfortably lodged in a new wing of King's College, overlooking the river, and we hear they are delighted with their new quarters, which are within five minutes' walk of the new base hospital, which is rapidly being erected on the Trinity and Clare cricket ground. The hospital is being built on the latter system, and will be complete and up-to-date in every way. It is hoped that it will be ready in about a fortnight when Term begins, and Trinity College, where they are at present quartered, will be required for the undergraduates. When a batch of wounded recently arrived many were old friends who had been quartered in Cambridge not many weeks ago, and when they were recognised by the crowd they got rousing cheers. One wounded man called out "Are we downhearted?" which was met with a tremendous yell of "No!"

The Lancet reports the following item at the Fifth Southern Territorial Hospital, Southsea: A German patient (prisoner) was ordered medicine. Fearing it was poisoned, he insisted that the nurse should take a dose first! Let us hope the decoction was fairly palatable. Such a duty if invariably enforced would add considerable inconvenience under certain circumstances!

Miss M. T. Sadler sent us a graphic account of her journey home from Brussels with a party of nurses, who after many vicissitudes, arrived safely. Miss Sadler met with kindness and courtesy from German officers, and we think it only just it should be known: "at Sottegem an officer came up to our cart and told us he had an English wife and he would do all he could to help us on our way, and advised us to start early next day. . . . We were ready at 6.30 a.m., but could not get anyone to risk driving us, and unfortunately, our German officer friend had gone on in the night, or we should have asked him to insist on it; we waited about in a disconsolate group beside our luggage, getting more sympathy from passing German soldiers than from the Flemish. One kind German gave one of our companions a large basket of eggs, butter, and sausages and 15 marks in money, he meant so well one could not refuse the gift, and another offered a bicycle—stolen property no doubt. About 11 a.m. a large motor car carrying the American flag came along from Ghent and seeing our forlorn party, drew up and soon all was well. . . . In all the time I was in Belgium I did not see anything of the atrocities I have since read about, but on the contrary saw many deeds of kindness done by German soldiers. No doubt we were extraordinarily fortunate in those we met with, but I hope it may comfort some who have friends at the front to know that at all events one Englishwoman has met with kindness from governing Germans."

Miss Sadler has now gone to France.
THE AMERICAN AMBULANCE IN PARIS.

The American Ambulance, which has been installed in the beautiful new Lycée Pasteur at Neuilly, by the American Colony in Paris, is admirably suited to its purpose. It contains about 300 beds, and the staff consists of 15 doctors, who are French and American, 75 fully trained nurses and Red Cross Assistants and a personnel making a total of 180. Every department of hospital work is provided for, and the Americans are greatly to be congratulated upon its efficiency. The voluntary workers took the building over as a shell, and in three weeks it was perfectly fitted up as a modern hospital with operating theatre, store rooms, lingerie, kitchens, and every comfort a sick or wounded man could desire—and the French and British soldiers are fortunate indeed who are admitted to its wards. By the courtesy of the editor of the Queen, who has kindly lent us the blocks, we are able to produce pictures (1) The Lycée Pasteur, and (2) The Lingerie, which last week illustrated a most interesting article in that leading woman's paper on "The American Ambulance in Paris," by Miss M. E. Clarke. Lingerie in France is of such first importance in institutions for the sick, that we are not surprised to learn that "the Lingerie at the Lycée Pasteur shows stacks of bed linen, house linen, and at a broad table two women iron busily all day, for the washing is done at the permanent American hospital, but all the "getting up"

is done at the ambulance. The kitchen is savoury with wholesome French cooking, done by a staff of competent men cooks under the direction of a French lady and her husband who have volunteered to do the catering for the whole hospital. They buy at the best markets, and they see to it that they get the best materials; their store rooms, ice boxes, and cellars are filled with food stuffs, and from all we saw there seems every chance that they would be used. The mid-day meal for the patients was just being served—delicious omelettes, the making of which took 500 eggs, roast veal, fried potatoes, and the daintiest of creams and fruit compôtes. Everything looked appetising, and the service was rapid and effective. In the large refectory many tables were set for the household staff, and all were served alike, for the ambulance maintains that "all men are equal," and there is no above and below the salt. The hospital ambulance motors of which quite a regiment are in use, are of the latest model and have been the means of bringing several hundred wounded men to the hospital.

All are giving their services including the nurses "and giving them gladly."

AMERICAN NURSES LEAVE FOR RUSSIA.

The Fates were unusually kind last week in that, instead of whisking Miss Helen Scott Hay (Sister Helen) and her two units of American nurses off to Russia without further ado, they were permitted to rest in London for one night. Thus we were given the opportunity of renewing acquaintance with one of the very finest women in the nursing profession, and of welcoming her and her band of nurses detailed for service in Russia in the name of the National Council of Nurses of Great Britain and Ireland. We felt sure that the members of the Council would wish that their American colleagues (we are all one in the "International") should know how greatly we on this side, appreciate the generosity
which prompted the American Red Cross to equip these missioners of healing, and also have them feel how welcome they are personally amongst us. We arranged therefore that when they arrived at their London hotel from Falmouth on Wednesday in last week, a lovely bouquet of English roses—the sweetest to be procured—should await Sister Helen with National Council greetings, and we were delighted to find later in the evening, when chatting with her in the Palm Court at the Waldorf, how deeply she and her staff appreciated the little courtesy.

Human nature is made that way.

We had an inspiring talk with Sister Helen, and learned of the strenuous and pleasurable time spent on the Red Cross crossing the Atlantic, how splendidly disciplined and harmonious had been the tone throughout the nursing ranks, how earnestly the special teaching of the surgeons had been assimilated, and how happy all had been to gather together each evening in prayer, for a blessing on the work they hoped to be permitted to do.

When organising the despatch of the various units to the countries at war, it was considered advisable that Sister Helen herself should conduct the contingent to Russia, as it appeared the most difficult bit of work, furthest from home and friends. Every detail of organisation had been well thought out in the steamer, every worker, just so-so when dressed in the white uniform in which she received the townsfolk at Falmouth, who were invited to visit the Red Cross.

For outdoor wear, Mrs. James, of Washington, has given each nurse a grey knitted cardigan, with which is worn a blue cape lined scarlet, and a serviceable blue felt hat. The military touch is attained by the use of two rows of gold braid on the collar of the Directress, and one on that of the Supervisors.

The whole contingent of thirty left King’s Cross station for Dundee early on the morning of Thursday, October 1st (quite a few having already paid a flying visit to Westminster Abbey to see Poets’ Corner) en route for Petrograd,
via Gothenburg and Stockholm. A very happy and earnest band of workers they appeared to be as we greeted them on the platform, longing to be of use to humanity, longing to take part in some degree in relieving the terrible suffering entailed by the war, the nursery of which is heaped up day by day. No ‘swank,’ no fuss. The sound of the American accent is in our ears, always euphonious. We are grateful for so many kind and encouraging words spoken with it during the past twenty-three years.

Time was short. We passed the time of day, “Happy to meet you,” “Good luck and success,” and “Goodbye,” and then “Hope we meet you at San Francisco next year,” and the train steamed out of the station for the North, many of the American nurses wearing English roses for the day. We waved them goodbye, and then wired Miss Breay, who was in Edinburgh, to greet them en passant.

On Saturday we received a note from Sister Helen, posted at Dundee, headed: “Just aboard the Balder,” in which she writes:

“Miss Breay met us, thanks to your thoughtfulness and kindness, with arms full of Edinburgh rock, which the nurses are now all enjoying. There was no time to be seen Edinburgh. . . . The brief glimpse of you and Miss Breay has been a gracious and grateful refreshment. Best wishes and warmest greetings.”

The Balder had an enthusiastic send-off from the cheering crowd as she cast off her moorings in Dundee Harbour.

In a few days let us hope all these “lovely people” will be in Petrograd and so on to active duty.

By the by, we wonder who, no member of the American Women’s War Committee, welcomed Miss Scott Hay and the Russian contingent of their compatriots to London, or bid them Godspeed at the station on their mission to Russia? With Mrs. Whitelaw Reid at the American Embassy we feel sure some kindly recognition would have been forthcoming.

Major Patterson sailed on the Red Cross for Bordeaux on the 26th, to land the units for France. Those for Germany (and for Austria if possible) went by Rotterdam. A unit was sent to Servia straight from the United States, as that little country is greatly in need of all kinds of help, especially of surgical stores, clothes, and other comforts.

E. G. E.

Everyone is asking, “Did the Russians really pass through this country?” Time will show. The military authorities are discreetly reticent. One solution is that a telegram received, stating that “70,000 Russians had been disembarked via Aberdeen,” referred not, as was inferred, to the Army, but to the breakfast egg of commerce. We assume that, while not guaranteeing its accuracy, the Press Bureau has no objection to the publication of this item.

DESPATCHED TO THE FRONT.

ST. JOHN AMBULANCE ASSOCIATION.

A HOSPITAL FOR ST. MALO.

Lady Macdonald, with two Nurses, Miss Richardson and Miss Cobly, left England on Saturday, 3rd, for St. Malo, by request of Colonel Cooper. Others were to have gone with them, but at the last moment news came from St. Malo that the Nurses must bring their own bedding. This being impossible at the moment, the small advance party started first to ascertain if this order was correct. The rest of the party started on Wednesday, 7th, the names being as follows:

Matron, Miss Richardson; Night Superintendent, Miss Coats; Theatre Sister, Miss Djaberg (X-rays and infectious diseases); and Nurses Downie and Skelton (massage and electricity); Sisters Leary, Weir, Henderson, Sadler, Cooney; Staff Nurses Rutherford, Davies, Millington, Morty, Mason, Flanagan, MacAdam, Conolly (massage), Newton, Fraser, Scally (massage).

IRISH HOSPITAL AT PAU.

The French Government have accepted the offer of the North Tyrone Ulster Volunteer Force Hospital for service at Pau. The St. John Ambulance Association have approved the scheme, and are giving assistance. The French Government will support the hospital when established at Pau, but the cost of equipment and transport will be found locally.

A party of nurses left Liverpool on Thursday for Pau to establish this base hospital there. Matron, Miss McCord; Night Sister, Miss Patrick; and Sisters Jameson, Collis, McFerra, Wright, Summen, Stevens, Sullivan, Johnson, and Jennings.

Dr. Newman Darling, with two assistant-surgeons and Miss Sinclair, will probably start on Saturday, 10th, from London for Pau.

They are taking £250 worth of instruments and surgical stores for a 50-bed hospital for three months, and are supplying the beds and bedding. The hospital is being financed by a North of Ireland committee under the presidency of the Duchess of Abercorn.

A BUREAU IN PARIS.

Mrs. H. E. Watson, who went to Paris to see about the possibility and advisability of establishing a bureau in Paris, where Nurses could be sent and then drafted on to different places in France where most needed, will return with her report at an early date.

HELP FOR INDIAN TROOPS.

The reason the expert sub-committee, formed with the concurrence of the India Office, have suggested that a hospital should be organized at Alexandria for sick and wounded Indian troops, is that the climate will be far more suitable for them, especially during the winter, than the damp and cold in England. We feel sure the
response to the request for comforts from this sub-committee will meet with a most generous response.

HELP FOR SERVIA.
Surgeons and a few nurses will very probably be sent out soon to Servia, but the authorities in Servia say they have enough nurses themselves. It is unlikely, therefore, that more than a few English nurses will be sent out until more accurate reports of the condition of the wounded are to hand.

THE BRITISH RED CROSS SOCIETY.

THE FIFTH UNIT.
The fifth unit of the Red Cross Society left London on Tuesday morning, October 6th, the party consisting of 50 nurses going to Paris and 3 to Aix. The thirty nurses who were prevented from starting last week are included amongst the 50. Some of the party will stay in Paris at the base hospitals and others will probably be drafted on when they arrive at the different places where they are needed. The following is the list of the unit:—Nurses: Amy Adcock, Mary Bateman, M. Rose Bateman, Rose Belton, Bradby, Ruth Cartwright, Emmy Chitheld, Evelyn Clemow, Cockburn, E. M. Cooper, Violet Cooper, Eveline Dearbergh, S. E. Douglas, H. W. Drummond, Falconer, Eleanor Faulkner, Norah Fletcher, E. Gowans, Anice Gray, Norah Haine, Fannie Hall, Maude Hamilton, Bailie Hamilton, Annie Taylor Hay, Mary B. Hill, Jefferi, Dora Johnson, Mabel Jones, Amy Leaver, Mackenzie Lawson, McGovern, Margaret McLaren, Milman, F. M. Moss, R. E. Nicholas, Elizabeth Riach, Beryl Robinson, Elizabeth Ross, Florence G. Sale, L. H. Saw, Elizabeth Smith, May F. Smith, Mary Sullivan, Kate Thompson, Agnes M. Thomson, Towell, E. F. Watkins, Jane Watson, Mary Wilson, Dorothy Windley.

No dates are fixed at present for any further contingent of nurses to be sent out, though more will soon be sent.

THE DUCHESS OF ROXBURGH'S HOSPITAL.
The Duchess of Roxburghe's Hospital Contingent left London last Friday (2nd) for a destination north of Paris. The nursing staff consisted of Matron, Miss Richardson, four Sisters (amongst whom were Miss Coulson and Miss Myers of 2, Nottingham Place) and about 20 nurses, and the hospital will contain 200 beds. Miss Myers' sister had news of the party from Havre, saying they had had an excellent and comfortable journey.

Miss Myers and Miss Coulson are both on the provisional Committee of the Association of Superintendents of Nursing Homes.

On Monday, September 28th, the Matron and many members of the nursing staff of the Princess Christian Hospital at Weymouth assembled at the station to wish God-speed to four of their colleagues going to the Front, Sister Mabel and Nurses White, Baker, and Fisst. They had a hearty send-off and felt they were greatly privileged to be able to respond to this duty call, to help our sick and wounded soldiers.

Two members of the Victoria and Bournemouth Nurses' League, Nurse Edom and Nurse Lalor, both speaking French, have been sent out by Miss Forrest and Miss Pearce, with seven or eight other trained nurses, also three voluntary aides (Red Cross) to St. Malo to nurse the French and Belgian wounded, in response to an appeal from the English colony at St. Malo for trained nurses—and, indeed, for help of any sort. Stores of all kinds were collected under the auspices of the Red Cross ladies and sent out to St. Malo. The need of help seems to be almost beyond belief, the first consignment of wounded numbered over 100, and filled the military hospital; the second consignment filled all private houses that had been offered, and the third, 400 in number, were left in trucks throughout a night, until some place could be prepared for them. We now hear that the Infantry Barracks have been cleared of troops, whitewashed, and made into a hospital. Four thousand more wounded have since arrived. The English colony at St. Malo undertake to board and lodge the nurses and pay the travelling expenses.

FROM SCOTLAND.
On the morning of Thursday, October 1st, the following nurses trained at the Royal Infirmary, Edinburgh, left the Princess Street Station for Enniskillen, en route for Southampton, to join the hospital ship Oxfordshire, which will go backwaters and forwards to convey our wounded to this country:—Miss K. N. Dill, Miss D. Shankle Smith, Miss J. Leechman, Miss M. Ferrier, Miss H. M. Westwater, and Miss A. Cairns. The nurses, bonnie, bright, and capable-looking, and as neat as new pins in their smart military uniforms, were manifestly delighted to be off. They were notified to hold themselves ready for duty a month ago, but were informed that they were detailed for home duty, so they are the more pleased to come into personal touch with the wounded. At the station, to speed them on their way, were Miss Gill, R.R.C., Lady Superintendent of the Royal Infirmary, Sir James Aitken, always a warm friend of the nurses, besides many relatives and well-wishers. As the train steamed out of the station one was left with an impression of happy faces of professional women permitted to do work for which their training and hard work has qualified them. All success to them.

We understand that not long since a party of Russian doctors and Red Cross nurses passed through Edinburgh en route for the South.

FROM FRANCE.
The Women's Hospital Corps has given the Medical women of the Militant Suffrage party the opportunity of a life time—and they have taken it. We reported the departure from London of Dr. Louisa Garrett Anderson and Dr.
Flora Murray with complete hospital equipment for Paris—and from all accounts they arrived there at the psychological moment; since which time they have been doing splendid service for the wounded in their beautiful and luxurious hotel hospital in the Avenue des Champs-Élysées, and proving their mettle all along the line.

We learn from the Standard that all the ground floor of Claridge's Hotel has been transformed into lotty, airy, and sunny wards, and few hospitals could have a better operating room, with a pharmacy opening off at one side and an asepticising room on the other, where all the rubber gloves are washed and dried, the instruments boiled, and all the linen is washed and disinfected.

The mornings are almost entirely taken up by the dressings, operations being performed mostly in the afternoon unless very urgent. It takes two skilled 'dressers' and two nurses an hour to do some of the worst cases, so that the whole staff has little spare time in the morning. Dr. Garrett Anderson himself operated for seven hours at a stretch on one day.

The door of the hotel is kept by a wealthy French stockbroker, who stays there from morning to night, and has put all his cashiers and clerks to sweep and scrub the floors on full pay, and they do it goodheartedly and thoroughly, too.

This gentleman declares: 'What the doctors won't tell you is their own admirable skill and devotion. The most awful and impossible-looking work is done by them as simply and quietly as if they were taking tea. There is something sublime to me in seeing such women, who will not even admit that they are doing anything out of the common. Everything is in order and ready to hand, and they go about their duties just as if they were merely keeping house.'

We learn that Dr. Garrett Anderson goes daily accompanied by a nurse, as near to the front as is allowed, and brings back the wounded in a motor ambulance. Several more motor ambulances are shortly to be sent by the Croix Rouge, and two of the nurses selected for this work are Miss Evelyn Eager, and Miss Bullock, who worked in the Balkan War.

The medical and nursing staffs have been added to; amongst the latter who left for Paris on Saturday last were Miss Nightingale Shore, Queen's Nurse; Miss Chetwood and Miss Harris, who are certificated, and Miss Thimun, Miss M. Gardner and Miss Shore, with some training, who speak fluent French. The trained nurse who speaks fluent French is difficult to get, and as interpreters were required, it was thought best that they should also have some nursing knowledge.

The nurses receive no salary, but expenses are paid.

It is sad to know that in wounds are coming from the front in a terrific rate; suffering with gangrene and tetanus. Many lives will be sacrificed thus for need of immediate medical and nursing care on the field.

**The Care of the Wounded.**

The King and Queen, who have shown their solicitude for the sick and wounded by visiting many of them during the past week, on Tuesday paid a surprise visit to the third London General Hospital (Territorial Force) at Wandsworth. Their Majesties were received by Colonel Bruce Porter, the Commanding Officer, who presented Miss Barton (the Principal Matron), Miss Holden (the Matron), and Miss Present (the Assistant Matron). The visit extended over nearly two hours, as the Royal visitors spoke to every patient, giving much pleasure thereby. The Queen also recognised Miss Helen Smith, one of the Sisters who had nursed the late Duchess of Teck, and desired that she should be presented to her.

Miss Barton is also interesting herself in the Belgian refugees, and last week a party who arrived at the Chelsea Infirmary at 2 a.m., dead tired, were delighted with their kind reception; and kept saying, "Vive l'Angloisette!"

Her Royal Highness the Duchess of Connaught has announced the collection by the women of Canada of over £37,000 for the use of the British War Office and the Admiralty. Of this amount £37,000 will be handed over to the Admiralty for the establishment of a Naval Hospital at Portsmouth. The balance of £20,000 will be placed at the disposal of Lord Kitchener.

The Council of the National Institute for the Blind, Great Portland Street, London, W., have undertaken to help, as far as practicable, all men who lose their sight while serving their Country in the present War. Names and addresses of those who desire to avail themselves of this offer should be forwarded to the Secretary-General of the Institute.

From the Standard we learn that a new organization has been started by the French press, called the "Society for the Trains of Wounded," which in itself a commentary on the toll of this war. There are now several stations which six or seven trains full of wounded pass daily. These establishments consist of a rough buffet on the platform for serving coffee, hot milk, lemonade, with fruit and chocolate, and a complete little pharmacy fully equipped in an adjoining waiting room. The service is done by volunteer ladies from the surrounding towns, and is incessant. The nurses are assisted by Sisters of Charity, who visit every carriage of every train that passes for contributions, mostly in copper or cigarettes. They receive as much as twelve pounds a day sometimes, and the "Wounded Train" stalls will soon be a feature at all the larger junctions and stopping places.

The need of the moment for the British Expeditionary Force is for warm gloves, mittens—and, we may add, cuffs—and the Grand Duke Michael, with the approval of the Queen and Lord Kitchener, hopes to send out 500,000 pairs of gloves and mittens. Parcels and letters should be addressed to the Grand Duke at 30 Portland Place, W.
LETTERS FROM THE FRONT.

BELGIUM.

FROM ANTWERP.

We have pleasure in publishing the following letter and photographs sent from Antwerp by Miss A. M. Higgs to Mrs. Donnelly, of the Catholic Women's League Nurses' Guild, which is under the special patronage of His Eminence the Cardinal Archbishop of Westminster.

DEAR MRS. DONELLY,—The soldiers simply idolise the British nurses; they will not allow anyone else to touch their dressings if they can help it. We had nearly 200 wounded in one day, so we knew what war meant. Anything so dreadful it would be impossible to imagine. All our wounded are doing well, with the exception of two. One died from a wound from a dum-dum bullet, and one who was shot in the back, from tetanus. This is an ideal house for a hospital. The sanitary arrangements are splendid, and we have a good supply of water. Strange to say it is the headquarters of the Catholic Women's League in Antwerp.

The soldiers besiege me for scapulars and medals when they are going out.

The Red Cross people are very good to the soldiers here; they feed them well and visitors come every day with fruit, chocolates, cigars, cigarettes, and newspapers. I get on very well with my French.

In addition to my own work I am sacristan. We have a small chapel in the house where we have Mass every day, so we have always a priest on the spot. I am able to go to Holy Communion very often.

What a terrible thing this war is! Poor Belgium! She has suffered the soldiers are plucky and brave. They are most anxious to get well to be able to fight again. It is edifying to see all who can hobble at all at Mass every morning.

Yesterday a Taube passed over the house and dropped two bombs some distance away. We heard the shot from the cannons around it, but I don't think they did much damage because it was too high. Everybody is very good to us.

I often have invitations to lunch and tea. Nurse Hayes, who was also trained at Southampton (but after me) is the nurse here with me.

With kindest remembrances, asking your prayers for the nurses who have not much time for prayer.

Very sincerely yours,

A. M. HIGGS.

FROM BRUSSELS. September 19th.

I had an exciting adventure the other day. I came in from the place at the Front I was working in, for two or three days to visit all my scattered nurses. Most of them are in Brussels, but one
was at a place about twenty-five miles from Brussels. I was very anxious to see her, as I had no news, and so I started out early in the morning with someone who is staying here to look her up. I expected to be a night away, so took a little basket. We got away without being noticed, and got into a train full of peasants, which took us to the boundary, near Lucken. Then we walked about a mile, and found a potato cart going along the road. The owner gave us a lift for three or four miles, and then we walked again. We got to a village called W—, but isn't safe to mention names, and found it full of German soldiers. They looked at us curiously, but didn't take any notice so we went on. Presently we came upon a whole regiment who were laying barbed wire across the road, and entrenching themselves behind earthworks. It looked as if we had got into a kettle of fish, but the only thing to do was to go on and look as if we had as much right as anyone. So I went just as it I owned the earth, and spoke in German to one as I passed, and he evidently thought I was of that charming nationality, for he let us pass. Well, we got quit of them and walked on to another village called W—. Just as we got in the village street we heard firing quite close. It was a lovely day, and the village looked peaceful. It sounded just like shooting partridges. Then pom-pom-pom, and the mitrailleuses began, and before you could say knife all the shops were closed, and shutters shut up, and doors closed. Then firing began again within 150 yards of us, and a man shouted to us to get under cover quick. So we dashed in with him behind a marmot heap, but the owner came out and would not allow us to stay there, and told us to go to a hotel, so we went along, and then five or six German soldiers passed us, running away for their lives. They brushed against my cloak as they passed, and stopped for a second, and I thought they were going to shoot us. They were horrible to see. They were a hideous sort of yellow, and breathing in deep gasps. They tied on, and then some cyclists, German soldiers, flashed past us, then horses galloping. A Belgian outpost had surprised a German outpost. So we went rather quickly along to the hotel, and when they saw us coming they shut the door in our faces. We parleyed with them through the window, and they said it would be dangerous for them if we came in. So we tried to get out of the village (the mitrailleuse was still going on), but no one was allowed to leave the village and the road we had come by was blocked too. We stood in the street a few minutes, and then a doctor came up and bundled us into a convent. We waited about half-an-hour, but then heard that both ways out of the village were blocked, and the nuns advised us to try and get back to Brussels (about thirteen miles away) by a fork lane which led out of the convent to the high road eventually. We walked about two miles down this peaceful country road, seeing no one, when we came to a place where four roads met. There was a

woman at a tiny farm, and I told her the way. She only spoke Flemish, of which I know very little, and either she misunderstood me or I misunderstood her, but I understood her to say that we must go down a very muddy little lane, which we did. At the bottom was a German sentry, but we didn't think much of that, and I have my brassard stamped with the German eagle now, so I showed that as I passed, and he saluted and said "Pardon," and we passed on. Now I realise that he thought I was a German Sister of Mercy, my uniform being very plain and black, or else he would not have let us pass, for in two minutes we fell right into the whole German camp—thousands of them, with cannons, wagons, camp fires, everything. An officer came up and asked what we wanted. He, of course, saw at once I was not German, so I got out my Belgian carte d'identité. My companion did not speak French or German, so I had to do the conversation, and mercifully she kept still and did not lose her head. He searched us and let us go, but we were right in the thick of them, and did not know how to get out nor which way to go. We went the wrong way first, and had to retrace our footsteps. At last we got on the Brussels-road, but had to pass seven sentinels, none of whom discovered we were English, luckily for us, as they hate the English much more than the Belgians. We were searched twice, and I had to show my carte d'identité each time. Luckily, I had got it stamped with the German eagle, so we got through. We had nearly got to Brussels when an officer came galloping after us, and asked me every question under the sun. I had to say we were English, and he was so astonished at our check in walking clean through all the German lines that at last, after scoldings and threats, he let us go, and we got back safe. The account of the skirmish was in the paper, and it said several were wounded, which we did not know then.

*September 1st.*

Every English nurse has orders to leave Brussels to-day. At first we had orders to go to Ixmeer, but now the sentence has been altered to Ostend. How nice that will be I can't tell you.

Seventy German nurses arrived in Brussels this morning. I know Schwester Agnes Keel and some of her nurses. I wonder what would be the etiquette if we met? The Kaiser has been here, too, for a few hours, but all traffic was stopped, and nobody saw anything.

*September 4th.*

Still here in Brussels, and can't get away to Ostend, as no one may enter or leave it. The Germans won't allow any English nurses to nurse the wounded. It is miserable, everyone being idle when there is so much real nursing and suffering, but they are fighting all round, and I think it will be nearly impossible to get out.

Yours, X.

Violetta Thurstan.
THE CITY OF LONDON AND THE WOUNDED.

The City of London Branch of the Red Cross Society is to be most warmly congratulated upon its successful organisation of the hospital for sick and wounded officers, most comfortably arranged in the spacious salons on the first floor of the Fishmongers' Hall, which is so finely placed close by London Bridge, commanding magnificent views of the Thames and the busy Pool of London, and from the windows of which a bit of London's great heart, throbbing with life, is visible—the noble river, flanked by busy wharves, on its bosom boats, barges, and changing lights.

Ancient buildings close by are the gilded Monument, and the Church of St. Magnus the Martyr, which leads to the improvised hospital, placed in its most magnificent rooms, you come face to face with the statue of "Brave Walworth, Knight, and Lord Mayor," the greatest of Fishmongers, who slew rebellious Tyler, and the dagger may yet be seen.

On Thursday, October 1st, the Lord Mayor of London, supported by a goodly company, opened the hospital for the use of sick and wounded officers, and the Archdeacon of London (known to so many nurses as their kind friend Canon Holmes) dedicated it to its sacred uses in sympathetic prayer.

DEDICATION.

In the name of the Father, the Son, and the Holy Ghost. Amen. Peace be to this House and to all who dwell therein.

O God, who hallowest places dedicated to Thy name, Bless this House which we now dedicate to Thee as a Hospital for the wounded. Accept our work, sanctify our gift, receive our offering which we make for those hurt in our defence, and make our lives more worthy of the work through Jesus Christ our Lord.

O Lord God, who art the Healer of the hurt, bless the nurses and workers in this Hospital and the means used to recover and restore the wounded; assuage their pains; quiet their nerves, send sleep to the sleepless and rest to the restless; give help to the living and hope to the dying. Endue those who rule with tact and wisdom, and those who serve with loyalty and intelligence, and grant that laying aside all littleness and self-intrusion,
we may all work happily together for the glory of God and the good of the work entrusted to us; through Jesus Christ Our Lord.

* *

Blessed be Thy name, O Lord, that Thou hast put it into the hearts of these Thy servants to prepare this place as a Hospital for Thy Service. Let Thy Blessing rest upon them, their families, their money, and their labours. Remember them for the kindness which they have done, and grant that all who shall receive the benefit of being cared for in this Hospital may show forth their thankfulness by rightly using the same. Through Jesus Christ Our Lord.

* *

Forasmuch as Almighty God has promised to accept the good purpose of all who do Him service, we therefore, on behalf of the donors and workers, dedicate this hall, theatre, and other rooms to His glory and the good of humanity. In the name of the Father, the Son, and the Holy Ghost. Amen.

THE HOSPITAL

We were then shown how happily the floor has been adapted for its purpose. The Grand Hall and other splendid rooms are divided by white partitions into spacious and airy cubicles, each furnished with two beds, and provided with every useful comfort for the sick. A soothing tint of green cork carpet covers the floors of wards and landings, and pretty pink rugs dink the beds; the coverlets are in charming contrast; the views from the great windows a perpetual delight. The Operating Theatre and Annexes are fitted with everything the up-to-date surgeon requires, and that is a big order; and the Still Room is a most fascinating place, fitted with shelf upon shelf, decorated with dainty china and glass, and all that the heart of a house-proud Sister can desire. Indeed, it is decreed that the City's welcome awaiting our stricken men shall be of proverbial generosity and warmth.

The medical staff is recruited from the ancient City Hospital of St. Bartholomew, and the Nursing department is under the superintendence of Miss Lightfoot, of 51, Beaumont Street, who was trained at King's College Hospital, and who gained valuable experience of nursing in war in the South African campaign. St. John's House has provided the following eight Sisters:—Mary Price, Ellen Libbon, Jessie Rogers, Annie Smithin, Hilda Eames, Mary Kuck, Lena Lawrence, and B. M. Smith; and an ample staff of Red Cross Nurses have been selected to help them.

The Sisters looked very neat in their fresh blia checked gingham gowns and simple caps, and we noted that each wore the badge of the League of St. John's House Nurses, thus demonstrating that the great lesson of the City Guilds, founded for mutual support and co-operation, and for the maintenance of high standards of work, has not been lost upon them.

MEDICAL MISSIONS IN WAR TIME.

There was an almost record attendance at the Valedictory Meetings* of the Nurses' Missionary League on Wednesday, September 30th, and a sense of the solemnity of the present time was felt throughout the day. The proceedings opened with the National Anthem, and prayers were offered at various times for the rulers of our country, for the troops and doctors and nurses at the front, and also for those countries with which we are now at war. The deeply prayerful atmosphere of the whole day's gathering was specially felt during the two impressive addresses by the Rev. M. Richmond, the first on the peace that results from knowing that God is seeking us, and the second on Prayer. "In prayer you have the power to lift men and women up to a life of joy, but without it you can never save a single soul, your own or any other. . . . No one has ever consecrated his life until he has consecrated to God the powers of the soul. . . . The devil knows that if he can separate you from your prayer life there is nothing else that he need do." Such were some of the thoughts with which the morning session closed, and it was noteworthy that we were told that the League is finding in the Hospital branches, at this time, a great opportunity for deepening the spiritual side of the work; and that every "sailing member" who spoke in the evening appealed for prayer.

Both in the morning and the evening the subject of the effect of the War upon missions was dealt with, by Miss J. Macfee and Dr. Gordon Thompson, of Palkhok. The immediate effects mentioned were the terrible isolation of many missionaries in distant lands where communications are curtailed and news very hard to obtain; the dangers to missionaries travelling to their stations; and the difficulty of sending out drugs and other supplies. This latter point was emphasised by a letter from a member in India which was read by Miss Richardson, and which showed how already the shortage of supplies is being felt, and much extra work entailed in preparing bandages from native cloth. Miss Macfee also spoke of the War as a great lesson on the awful reality of sin, and reminded her hearers that similar cruelty has been practised day by day in non-Christian lands where the need is no less now than it has been in the past. On the other hand she pointed out that missionary work is not ours but God's, and history has proved that He can carry it on in the very darkest times. Dr. Gordon Thompson especially emphasised the place of medical missions at this time. The War is being followed by the non-Christian world, and some are saying: "If this is Christianity we will have none of it"; and medical missions can give, not counter-arguments, but a visible expression of the love of God, which can satisfy the need of the nations. They are absolutely essential to missionary work at this time, and must be made more efficient than ever. Another aspect of the message of the
present time was emphasised by the Rev. J. 
Steele in the closing address, when he urged the 
need for thoroughly thinking out the truths upon 
which we base our hope, till they become realities 
to ourselves, and we are certain of the message 
which we have to convey to other nations.

The stern realities of these days were also 
brought to mind by the announcement that a 
large number of members of the League are now 
on the Continent nursing the troops, while many 
more are at work in Territorial and Naval hospitals 
in this country, while some even of those present 
were daily expecting orders to go to the front. 
One of the hostesses in the afternoon, Mrs. Stuart 
Trotter, came from work in connection with resi-
tents for the troops at Cheshord, and told 
graphic stories of the gratitude of the men for 
this service. At the evening meeting the chair 
was to have been taken by Dr. Gordon Mackenzie, 
but he had been ordered to the front, and his 
place was taken at short notice by Mr. McAdam 
Eccles, who came in his uniform as a Major in the 
R.A.M.C., and spoke from close knowledge of the 
great need that there is likely to be in the coming 
months for nurses for work in connection with the 
Army.

In spite of these “signs of the times,” the main 
interest of the day centred round the “Sailing 
Members” who are proceeding to the mission field.

The list contained 22 names of nurses going to 
India, China, Western, Central, and North Africa, 
South America, and Albania. Ten of these were 
present during part of the day, and seven spoke 
a few words, while Miss Richardson briefly 
described the work to which those were going who 
were not able to be present. Of the 22 it was 
cheering to hear that only three are definitely 
prevented from proceeding to their destinations 
owing to the war. Various aspects of a missionary 
nurse’s work were dealt with by different speakers. 
Three members who spoke in the morning all gave 
as their reason for becoming missionaries the 
great physical and spiritual need of the people in 
the mission field, and Miss E. A. Thomas followed 
with vivid descriptions of the suffering often 
cured in Persia by the treatment of native 
doctors, mentioning specially maternity cases, and 
cases where tight bandaging led to gangrene, 
neccessitating amputation. Dr. Alice Hawker 
(India) spoke of the need for missionary nurses to 
train native nurses, especially in view of the fact 
that Eastern women consider nursing menial 
work, and in India caste prejudice against such 
“delelment” is very strong, especially in mid-
wifery. The example of an English nurse doing 
such work often makes a most wonderful impres-
sion and emphasises the words of the evangelistic 
workers. Dr. Gordon Thompson gave the qualifi-
cations of a missionary nurse. She must be 
resourceful, ready to use whatever comes to her 
hand, efficient in all branches of nursing work, 
and with power to train nurses out of most unlikely 
material. Above all, she must be easy to get on 
with, and must have in her the “mind which was 
in Christ Jesus,” keen to win the people to Him.

**APPOINTMENTS.**

**MATRON.**

Philipson Children’s Sanatorium, Swannington, 
near Morpeth.—Miss Alice B. Booth has been 
appointed Matron. She was trained at the David 
Lewis Northern Hospital, Liverpool, and at 
Monsall Fever Hospital, Manchester, and has held 
the following posts: Matron, Cottage Hospital, 
Ramsbottom; Home Sister and Assistant Matron, 
City Hospital, Newcastle-upon-Tyne; Matron, 
Auckland Hospital for Infectious Diseases; and 
Matron, Conway Penmaenmawr Joint Hospital, 
Conway, North Wales.

Aldershot Civil Isolation Hospital.—Miss A. 
Vokes has been appointed Matron. She was 
trained at St. George’s Hospital, London, and in 
fever nursing at the South Eastern Hospital, 
Sevenoaks. She has been sister at Woolwich 
Infirmary, Home Sister, Inland Sanatorium 
Hospital, Night Superintendent, Enfield Joint 
Hospitals, and Matron, Reigate Isolation Hospital.

**Municipal Maternity Hospital, Bradford.**

Miss Isabella Drummond has been appointed 
Matron. She was trained at Bradford Union 
Hospital, and has held the following posts: 
Home Sister and Maternity Sister, Booth Hall 
Infirmary, Blackley, Manchester; Sister-in-Charge 
Bradford Union Maternity Hospital, and Children’s 
Hospital, also Night Superintendent at Booth 
Hall Infirmary.

**ASSISTANT MATRON.**

Brighton and Hove Hospital for Women.—Miss 
D. E. Cox has been appointed Assistant Matron. 
She was trained at Poplar and Stepney Sick 
Asylum, and has been Ward, Theatre and Night 
Sister at the same institution. She received 
her midwifery training at the Brighton and Hove 
Hospital for Women.

**SUPERINTENDENT NURSE.**

Barnet Workhouse Infirmary.—Miss Nellie 
Cockram has been appointed Superintendent 
Nurse. She was trained at St. Pancras Infirmary, 
and has been Superintendent Nurse at Skipton 
Infirmary, Yorks. She holds the C.M.B. Certi-
ficate.

**HEALTH VISITOR AND SCHOOL NURSE.**

City of Peterborough Education Office.—Miss 
Gertrude Pacley has been appointed Health 
Visitor and School Nurse. She was trained at the 
Isolation Hospital, Burton-on-Trent, and has 
been First Assistant under the M.A.B. District 
Nurse, Oldham Town Nurses’ Mission, and School 
Nurse, Lowestoft.

**QUEEN VICTORIA’S JUBILEE INSTITUTE FOR NURSES.**

**TRANSFERS AND APPOINTMENTS.**

Miss Edith M. E. Jackson is appointed to 
Whitley Bay, Miss Olga Lekasund to Dewsbury, 
Miss Margaret Nixon to Clay Cross, Miss Florence 
Shammin to Morecambe, Miss M. Clare Stuart to 
Gillingham, Miss Gertrude Trotter to Gosport.
NURSING ECHOES.

The meeting of the Matrons' Council of Great Britain and Ireland takes place on Friday, 9th inst., at 3.30 p.m. There will be no Paper or Discussion, as every Matron is more or less overpowered with work in connection with the War.

Miss Cockrell, Matron of the Marylebone Infirmary, is doing good service as Matron of the hospital at the Alexandra Palace, which is being used as a clearing-house for the Belgian Refugees, the Marylebone Guardians having given her leave of absence for this purpose. It is desirable to keep the Refugees under observation for a time, in case any may be suffering from infectious diseases, as well as to permit them to recover somewhat from the effects of the harrowing experience through which they have passed. The "Bijou theatre" has been converted into the hospital.

We have every sympathy with the nurses of the Cleveland Street Infirmary, who have complained to the Holborn Guardians that the training they are now receiving is not that for which they entered the Poor Law service. If adequate opportunities for training can no longer be provided at the Infirmary, which has ranked high as a nursing school, the Guardians should arrange that the pupils should complete their term elsewhere.

The Barrat Board of Guardians have appointed a new Superintendent Nurse in the place of the late Miss Charlotte Phipps. Mr. Jukes, one of the Guardians, said it might be made clear to the candidates that the position was "inferior" to the position of Master, who was the head official. There had, he said, been some misunderstanding in the past, and he thought it would be well to guard against similar misunderstanding in the future.—The Rev. R. A. Meaden: The position is only inferior nominally, not practically. "We shall drive decent people away," he added, "if we say the position is inferior."—The Chairman: We are bound by the rules of the Local Government Board in the matter. The position of the Superintendent Nurse, who is subordinate to the Master, is inevitable.

Dr. Stewart, the medical officer, wrote suggesting that the Board should define clearly and accurately the position of the Superintendent Nurse, relative to the Master and Matron. "Until she receives," he said, "her proper place, which has not been the case in the past, it is likely that friction and misunderstanding will exist between house officers and the Infirmary—a condition of things detrimental to efficient and harmonious working." He suggested as a practical solution of the position: "That a special book be provided, to be in the charge of the Superintendent Nurse, in which the nurses should enter all complaints, requests for off-duty time, and all such matters that should be brought to the notice of the Guardians, the Superintendent Nurse to deal with those matters that are within her province. For the rest, the Superintendent Nurse to bring these entries to the notice of the Master or Matron, or myself, according to the nature of the entry."—The Chairman said he thought the suggestion a perfectly reasonable one, and he hoped the Board would adopt it at once.—Mr. Hackforth Jones moved, and Miss Wimbush seconded, that the suggestion of the doctor should be adopted and acted upon.—The motion was carried.

Miss Cockram, from Skipton Union Infirmary, was elected Superintendent Nurse, and when her appointment was notified to her, she said she heard there had been friction, and she hoped to have the support and help of the Board in trying to prevent it in the future.

The Board has not yet called for the resignation of the Vice-Chairman, as advised by the jury in their verdict at the inquest on Miss Phipps.

It is inconceivable that any nurse should be so ignorant, as well as so casual, as to place a pillow over the mouth of a baby to stop its crying while she attended to other cases. Yet this was actually done by Nurse Elsie Coddington, night nurse in charge of the children's ward at the Chesterfield and North Derbyshire Hospital, as transpired at the subsequent inquest on this seven-months-old baby, which was awaiting an operation for hernia, and was found dead in bed. The nurse admitted that "her attention was concentrated on the most serious case in the ward... and she quite forgot about the pillow."

The temporary resident house surgeon—Dr. Lionel Sutcliffe—who made a post-mortem examination, stated that from the appearance of the lungs, and the right side of the heart, he was of opinion that the child died from asphyxia, but the condition of the thymus gland, which was enlarged, made it difficult to say. The nurse may think herself fortunate that she escaped with a well-deserved censure, the Coroner telling her that she had been guilty of a most dangerous procedure, and he hoped the case would be a lesson to her.

But that will not bring the baby back to life.
TERRITORIAL HOSPITALS IN SCOTLAND.

2nd SCOTTISH GENERAL HOSPITAL, CRAIGLEITH, EDINBURGH.

By the kindness of the Principal Matron, Miss A. W. Gill, R.R.C., Lady Superintendent of the Royal Infirmary, Edinburgh, and the Matron, Miss Milligan, I was permitted recently to see the Territorial Hospital at Craigleith (No. 2 Scottish) where not only Territorials are being nursed, but also a number of sick and wounded men from the front, so that already some 450 patients are under treatment.

The authorities are fortunate in having secured Craigleith Poor Laws Hospital, which is very well adapted for the purpose, and stands high, overlooking a lovely expanse of country. The patients have been removed to other Poor Law institutions—poor old people! many of them have been there for years and become attached to their home. There were many tears at the exodus, but the Master told them that it was the only thing they could do for their country, so they, too, did their "little bit" in the spirit which is animating all classes just now from the highest to the lowest.

The Matron, Miss A. M. Milligan, is manifestly the right person in the right place. She was trained at the Victoria Infirmary, Glasgow, and as Matron of Chalmers Hospital, Edinburgh, has had valuable administrative experience. As one accompanied her round the hospital and saw her gracious, ready, and tactful methods of dealing with questions which happened to crop up, one felt that the choice of Matron had been a most happy one.

The picture by Mr. Francis Card Inglis, Photographer to His Majesty the King, which we have pleasure in publishing, shows Miss Milligan as the centre of the group. On the left of the picture are Lieut.-Colonel Sir Joseph Fayrer, the Commanding Officer, Captain Graham, R.A.M.C., T. Registrar, and other members of the medical and nursing staffs.
To adapt the hospital for its present purpose it has been necessary to add a spacious operating theatre and this has been created, equipped, and electric light installed in the record time of ten days, and on Friday in last week 129 operations had already been performed. Besides the large windows there is excellent top light, so that the arrangements in this respect are all that can be desired. There are three operating tables, so three surgeons can work at the same time, and more could, if necessary, be added.

Another feature of the hospital is a large dental clinic, for it is found that the teeth of many of the men need attention; this is equipped in the most up-to-date way. There is also, of course, an X-ray and electrical department, and the nursing staff includes a masseuse.

Like all the Territorial Hospitals, the number of beds is 320, 20 of these being for officers, who are admitted to small wards. Any men of the Territorial Forces in the camps in the neighbourhood who require treatment are sent up daily to the outpatient department, and, if necessary, admitted to the wards. Besides those admitted for surgical or dental treatment, there is a large proportion of medical cases.

Of the wounded, some are already able to be up, as will be seen from our picture of Private Snedden, 1st Battalion Cameron Highlanders, whose injury was to his left hand. His cheery appearance is typical of the spirit animating these brave men from the front. A number of those in bed have the appearance of being absolutely tired out, and at first slept continuously. Well they might, as two hours’ sleep, and that, as they describe it, "cat’s sleep," was the quota allowed them before they again moved out; sometimes not that. It is sad confirmation of the strain to which they have been subjected that these men from the front will still start up from sleep, jump out of bed and call on their comrades to join them, thinking that they must attack the enemy.

Sir Frederick Milner, representing the King, always solicitous for the welfare of his soldiers, last week paid a visit to Craigleith, and speaking to the men who had been wounded in the fighting line, expressed the sympathy of His Majesty, and the hope that they would have a speedy recovery. He also distributed gifts to the men.

On the following day General Bourke, Deputy Director of Medical Services, General Commanding visited the wards, and spoke to the men, so that they have assurance that their valour has the appreciation of their King and country.

The nursing staff are accommodated in a separate building which had just been completed for the children. It is charmingly situated, and, as it was unfurnished when taken over by the military authorities has been furnished to suit the nurses. The arrangements do not permit of separate bedrooms, and they are housed in large dormitories but they understand that they are working under war conditions and cheerfully acquiesce.

I must not omit to mention that in addition to the kitchen staff of the hospital, two ladies, holding diplomas as cooks, have volunteered their services, and attend daily undertaking the cooking for some of those for whom special dishes are required. Their hard work is greatly appreciated.

A large proportion of the wounded are of Scottish nationality. This accords with the Queen’s desire that the wounded should be sent to hospitals near their own homes. M. B.

The Medical profession in Victoria and New South Wales has practically volunteered in a body for work in hospitals which are being sent to Europe, which are apart altogether from the Australian expedition.

It is stated that 810 nurses and attendants will also accompany the hospital corps.
IRISH NURSES’ ASSOCIATION.

The members of the two Ambulance Classes which have been held at the Hostel of the I.N.A., at 34, St. Stephen’s Green, Dublin, have lately gone up for the St. John Ambulance Brigade’s Examination, and the result is awaited with much eagerness. Classes, on Wednesdays and Saturdays, are now being started, at which Dr. Crawford has kindly consented to lecture. As enrolled members of the St. John Ambulance Brigade, successful candidates will be ready to give their services either for Home or Foreign work.

The Executive Committee of the County Dublin Branch of the British Red Cross Society and the St. John Ambulance Association recently decided to invite some representative members of the Nursing profession in Dublin to join their Committee.

The Irish Nurses’ Association have nominated the President, Miss Cunningham, Miss M. Huxley, and Miss Sutton, Matron of St. Vincent’s Hospital, Miss Cunningham and Miss Huxley have already accepted.

BOOK OF THE WEEK.

“THE HOUSE IN DEMETRIUS ROAD.”

Although we should not select the subject of a diphonomea for a novel, we cannot deny that this is a very interesting story, and it is written with considerable skill of portraiture.

Martin Bond was seeking the post of secretary, and an introduction had brought him to Demetrius Road, in a London suburb, where a brilliant young Scotchman required his services for a book on Socialism. His first impression of the house nearly caused him to turn on his heel and come away. It was drear and neglected-looking, and the Scotchwoman who answered the door informed him that “Mr. Greig’ll no be in.”

But Martin decided to wait and see the man, and in the depressing drawing room he fell in love or something like it with the projected face of a woman that adorned the mantelpiece. Two minutes later Robert Greig came blundering into the room. His indeterminately coloured hair was ruffled, and one half stuck up in a small plume at the top of his head. His collar was crumpled, and the band of his flat cap had worked up at the back. He tells Martin: “I’m a widower, you see, but my sister and I are comin’ in a week or two to look after the place, and ye could very well come then, if it suited your plans. I’ve a wee bairn. She’ll be in presently to her tea.”

He seemed to remember that he had ordered tea some few minutes before and rang the electric bell impatiently, first pressing the button steadily, and then giving it a succession of vicious dabs.

“I can do nuthin’ with these wummin,” he explained, smiling again at Martin, “letherin’ about the place.”

Maggie arrived on the scene shortly after Martin’s arrival, and by that time he had begun to wonder at the strange rude brusqueness of his employer.

She was smiling nervously, her head bent a little forward. She was wearing a long straight coat of rough cloth, and had a brown fur stole twisted twice round her neck. On her head was a little round cap. Both stole and cap were warm, and rather piteous.

“Oh, for Heaven’s sake come in, Maggie, and shut the door,” said Greig. “I’m dlemen.”

“Robin,” she said, “you haven’t introduced us.”

“Och,” exclaimed Greig, “this is Mr. Bond, and you’re just Maggie, I suppose. Come into the study, woman, and let’s get warm.”

Before long Maggie6 confides in Martin the real state of the case, and between them they persuaded Greig to take a drug that would allay his craving. This succeeds for a time, but Greig soon relapsed, in one of his diabolical moods he informs Martin that Maggie had consented to marry him, and that they were only waiting for the passing of the Married Woman’s Sister Bill. Maggie confesses that this is true, and her reason was that she believed that ultimately she would effect his complete cure. Needless to say, she and Martin in spite of this understanding, are very much in love with each other, and we consider that Maggie was really very unnecessary when she insisted on keeping to her engagement.

But happily for the lovers, Greig took a violent dislike to both of them, and ordered them from the house.

“What’s to the point,” he said, “is that this is my house, and I’ll thank ye and Maggie to get out of it.”

“But—-” began Martin.

“Och, for Heaven’s sake go, boy,” snapped Greig, “I’m sick of ye.”

Martin rose deliberately from his chair and went out.

We are left to infer that Greig proceeded to drink himself to death, and that Maggie and Martin got married.

Not a pleasant subject, but one quite an interesting tale.

H. H.

COMING EVENTS.

October 9th.—Meeting of the Matrons’ Council of Great Britain and Ireland, 431, Oxford Street, London, W. 3.30 p.m. Tea.

October 22nd.—Meeting Executive Committee Society for the State Registration of Trained Nurses, 431, Oxford Street, London, W.

October 20th.—Next examination of Central Midwives Board in London and the Provinces.

WORD FOR THE WEEK.

As one lamp lighteth another nor grows less, so nobleness enkindleth nobleness.—Lowell.
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 ANOMALOUS POSITION OF THE SUPERINTENDENT NURSE.

To the Editor of The British Journal of Nursing.

Madam,—While deprecating as much as anyone the anomalous position of the Superintendent Nurse in Poor Law infirmaries and fully realising the need for reform in the whole conditions of its nursing service, I feel there is a danger lest the tragedy at Barnet should lead us to do injustice to the Workhouse Master, whose position is, after all, determined by the same considerations that determined the one at Barnet. Neither is it quite fair to attribute "education" and culture to nurses as a class, and "ignorance and social insexperience" to the Masters. Would that these positions were always filled by highly educated men and women. In practice—especially in the smaller country workhouses—the Master and Matron of a workhouse and the nursing staff are usually found to be drawn from the same social strata, and often a greater knowledge of the world weighs down the scales on the side of the Master. It is not by any means a universal rule that it is an "educated professional woman" who is under the authority of "an ill-educated Master." I fully admit, however, that their relative positions are such as naturally lend themselves to friction, and the fact that in many institutions harmonious relations are maintained says much for both the Master and the Superintendent Nurse. I venture to think that the nursing profession sometimes do scant justice to a body of men, of whom very much is expected, and who increasingly endeavour to discharge the multifarious duties of their office with sympathy, tact and justice. There are good and bad, wise and foolish, in every department of life, and the Poor Law service is no exception to the rule.

Neither should it be stated as a generalisation that responsible nurses have to suffer severely at the hands of "overbearing coarse male Guardians." Unfortunately, Guardians, as a whole, are not very enlightened people, and their qualities of "heart" are usually in excess of those of "head"; but "overbearingness" and "coarseness" are not the prerogatives of one sex—and few indeed are the Boards nowadays where there are not a certain number of wise, kindly men or women, or both, who will take an intelligent and helpful interest in the difficulties of the nurse. I fear sure that many Workhouse nurses—while condemning the present system—will bear out what I say; and that your Journal would be the first to warn its readers against injuring their plea for reform by exaggeration and injustice.

I am, yours faithfully,

F. C. Joseph.

Poor Law Guardian and Certified Nurse.

[When a system, upheld by a Government Department, drives conscientious women to commit suicide, the only thing to do is to abolish it. If women entrusted with the supervision of the nursing of the sick under such a system are not educated women, they ought to be. Our correspondents are not blaming all Workhouse Masters, but the system which supports them in their contention that, as "fountain heads" in workhouses, they are permitted to swamp the authority of professional women, of whose skilled work they know nothing. As to those existing "overbearing coarse male Guardians" on many country Boards, who can deny it? That there are also a number of wise and kindly men on them no one denies. We cannot agree that one word which has appeared in this Journal on the "Martyrdom of Charlotte Phipps" has been either an exaggeration or unjust. We know how the poor woman was constantly insulted and her influence for good undermined—and we know "the system," as in force at Barnet is rampant elsewhere. Moreover, if giving publicity to the wrongs of Superintendent Nurses and others trying to do their duty to the sick poor in Workhouse wards, will help to right some Poor Law abuses, they may have all the publicity they require in this Journal. We know that in the commercial nursing press they will not get a hearing, because it would decrease, in some instances, the profits from advertisements.—Ed.]

REPLIES TO CORRESPONDENTS.

L. II. N.—In reply to your questions: (1) Nurses proceeding on active service have in many instances taken a cabin trunk and a haversack. No bicycle. (2) It is wise to wear the soft handkerchief Army caps. These are easily washed, and in case of necessity can be brought round and pinned under the chin, making the wearer quite tidy if collars cannot be starched. (3) A nurse in an enemy’s country found with a revolver in her possession would be very liable to be shot; moreover, setting aside the ethical question, most nurses a revolver would be a greater danger than protection, as few are sufficiently expert shots to be sure of firing at the right moment. (4) We have given details of the probable cost to a nurse from this country attending the International Nursing Congress at San Francisco in this Journal. We estimate it at $180 to $200. We shall refer to this trip again in the near future.

D. J. N. (Leicester).—We regret the answer to your question is crowded out. It will appear next week.

OUR PRIZE COMPETITION.

Questions.

October 17th.—Say what you know about Dysentery and how it is treated.

October 24th.—Describe a course of procedure if secondary hemorrhage should follow the removal of tonsils.
THE WOMAN'S LONELY BATTLE FIELD.

The Women's Co-operative Guild is bringing before the public, and especially before the Public Health Authority, and Local Committee for the Prevention and Relief of Distress, the urgent necessity for making special provision for expectant and nursing mothers in the present time of war. Maternity introduces an additional need not covered by any general plan of relief, and provision will be needed not only in cases of unemployment, but where short time is worked.

The General Secretary, Miss Margaret Llewellyn Davies, 28, Church Row, Hampstead, London, N.W., on behalf of the Guild draws attention to the admirable scheme dealing with maternity and child welfare issued by the Local Government Board, which shows that medical advice and treatment for mothers before and after confinement, and for children in the early years of infancy, may be provided at all events in the case of the larger urban authorities by the provision of consultation centres, which may fitly be termed Maternity Centres, to which expectant mothers, and mothers with infants and little children may be referred for advice and treatment. The operation of these Maternity Centres will be rendered most effective if co-operation is secured with the midwives of the district and with any local hospital which has a maternity department.

It is pointed out that where Infant Consultations (municipal or voluntary) or maternity hospitals or wards exist, that they would form a nucleus for the extension of the work throughout working class districts.

In places where no work of the kind has been undertaken, the Women's Co-operative Guild suggests that Maternity Centres of a very simple kind should be immediately set up.

Preferably the work should be undertaken by the Public Health Committee, and the Local Government Board has expressed its willingness to afford advice and assistance to local authorities in the initiation and extension of schemes. The new Grant in Aid for Maternity and Child Welfare enables the Local Government Board to give 50 per cent. of all costs connected with this work to municipal and voluntary organisations.

The particular directions in which help is needed are in the provision of nourishment for expectant and nursing mothers, the provision of doctor or midwife at confinement when necessary, and the provision of help in the home for the weeks after confinement.

Miss Llewellyn Davies is of opinion that the National Relief Fund could not spend its money better than in helping the wives of the soldiers and sailors, and the wives of civil sufferers from the War, when their turn comes to face death on the woman's lonely battlefield, for to help them is to help the babies, who are the nation's best asset.

INFANT WELFARE CENTRES.

We are informed that hundreds of volunteers have enrolled, since the War, for service at Infant Welfare Centres, of which there are now close on 400 throughout the country. To meet their demand for training, the National Association for the Prevention of Infant Mortality and for the Welfare of Infancy is organising a very comprehensive course of eighteen lectures, as well as practical demonstrations, at infant consultations, to be given in London from October 19th onwards. The subjects chosen deal with every aspect of infant hygiene, from the ante-natal period to the feeding and care of children up to five. Mothers and nurses will be admitted, as well as voluntary health workers. The fee for the full course is 5s., and further particulars may be obtained from the secretary, at 4, Tavistock Square, London, W.C.

A LAST EXPEDIENT.

A lady guardian of the Huddersfield Union pleading in the press for the establishment of a maternity hospital for the town and neighbourhood, states that during her work as a Poor Law Guardian she has been surprised at the number of deserted expectant mothers who come before the Guardians. At first she did not realise, but now clearly sees that it is a concerted plan between man and wife, the best they can devise in the circumstances. When the time of the woman's confinement approaches the man deserts her. She is then admitted to the workhouse and her family received at the homes. The Guardians are shocked, reflect that the woman and children will be well cared for, put the machinery at work to catch the man, and pass on to the next case. In due course the woman takes her discharge with the augmented family, and in some cases the man reappears.

The lack of provision for the emergency of child birth in Huddersfield, where the home conditions are not suitable, causes, it is asserted, the man to desert his wife, renounce his responsibility to her and the children, handing them over to the ratepayers while he goes on the loose. Surely a strong case is made out on moral and humanitarian grounds for the provision by the well-to-do of hospital accommodation for maternity cases when the poor are driven to adopt such expedients.

The next examination of the Central Midwives Board will be held in London, Birmingham, Bristol, Leeds, Manchester and Newcastle-on-Tyne on October 26th. The oral examination follows a few days later.
EDITORIAL.

THE WOMEN'S LEAGUE OF SERVICE.

"These children are dear to Me, be a mother to them, and more than a mother, watch over them tenderly... If the heart is not large enough to embrace them, I will enlarge it after a pattern of My own."

Conspicuous forms of patriotism are at the present time abundantly apparent, and we applaud them all, but we cannot conceive a nobler and a wiser form of patriotism than attention to the welfare of the poor mother and her unborn child. It is to be hoped that before long the State will recognize its duty in this matter, and support and encourage the work of the Women's League of Service by a substantial grant. The child belongs to the State, we have been slow to grasp this obvious truth which was recognized by the Ancients as a solemn obligation. The great Spartan Lawgiver Lycurgus (ninth cent. B.C.) was apparently the first to make laws for the protection of child life, and held as his great principle the responsibility of the State towards the child. Pregnant women, too, were tenderly cared for, as the procreation of healthy children was deemed by him a matter of supreme importance.

The object of the League is "to unite women in a common bond to further the interests of motherhood." The interests of motherhood should be the interests of all women, since all women are potential mothers; and so this good Cause should make a very strong appeal to us, more especially at the present time when the husbands of many expectant mothers will be serving their country on the battlefield; a circumstance which will complicate the condition of pregnancy with anxiety, and in some cases doubtless with increased poverty. The chief method of the League is to supply expectant and nursing mothers daily with dinners during the 9 months of pregnancy and the 9 months of nursing. During the 4 years of its beneficent existence, the League has established 6 centres where dining-rooms have been opened for this purpose at a charge of 1d. or 2d. according to means of the diner. No deserving case is refused, and many receive free dinners.

It has been our privilege to be present at the Marylebone Centre when about 36 mothers took their places in a quiet and orderly manner at three long tables and partook of an excellent repast having first deposited their babies in the crëche upstairs. Two courses, nourishing and abundant were served to each, with a glass of water and as much bread as they liked.

To watch so many hard-working women enjoying a comfortable and sustaining meal which they had not cooked themselves, and the company and conversation of their friends, was a sight both impressive and gratifying.

It must have been the refinement of kindness and a sensitive imagination, which prompted the ladies in charge of the arrangements, to decorate the tables of their poorer sisters with flowers and ferns! Whether expressed or unexpressed, we feel confident that this delicate, this secret attention, is appreciated. The appearance of the mothers and the babies was an eloquent testimony of the good work being done by the League, for the mothers, for the babies, and for the future race. This is patriotism writ large.

Mothers are frequently reminded that it is their duty to breast-feed their babies because it is the ideal food. Dr. Florence E. Willey qualifies that axiom, by remarking that "the mother's milk is only ideal if we presuppose a healthy and well-nourished mother." The science underlying that remark, and the wisdom are obvious.

The League is greatly in need of funds at this time as the demand upon its resources are, for obvious reasons, increasing.
OUR PRIZE COMPETITION.

SAY WHAT YOU KNOW ABOUT DYSENTERY AND HOW IT IS TREATED.

We have pleasure in awarding the prize this week to Miss Lucy Blanchard, St. Mark's Hospital, City Road, E.C.

PRIZE PAPER.

Dysentery is inflammation of the colon, or large intestine, causing:—(1) Acute abdominal pain, (2) straining, (3) frequency of stools, (4) profuse perspiring, (5) loss of flesh, (6) great thirst, (7) highly coloured and scanty urine.

As far as has been discovered, the transmission of dysentery is through infected water.

It is quite possible that flies, dust, foul vegetables, and vessels used by other patients can transmit it.

People with a low vitality, who are in, or have visited tropical climates, are very prone to the disease.

In an ordinary case, the patient must be put to bed immediately, kept warm and quiet, and have entire rest.

Great care must be given to the diet.

All necessary drugs will be ordered by the doctor.

Acute Dysentery.—The patient complains of great thirst; the diet given is principally fluids. These should be given warm, because if hot or cold they stimulate the peristaltic action of the bowel; they must also be given frequently and at regular intervals.

It is very difficult to make a patient content with the quantity of fluids given. This can be prevented by rinsing out the mouth with warm lemon water.

Sometimes the doctor will allow the patient to suck ice; this is never given without the doctor's orders.

The temperature, pulse, and respiration must be taken four-hourly, although there is rarely a rise of temperature, and it is sometimes sub-normal or lower.

It is very important that the extremities should be kept warm by hot water bottles and blanket next to the patient.

All stools should be carefully inspected, as they vary in character as the disease advances or improves.

In this stage there are many different kinds of stools; most often they are found thin and watery, very offensive, and sometimes intermixed with blood, mucus, and pus.

The most important thing is that the liquid foods given are very digestible.

During the early stage, albumin water should be given, also rice water, barley water, white wine, raw meat juice, and peptonised milk, given warm, not hot or cold.

In extreme cases of dysentery, some doctors may prescribe a stimulant, generally given in small quantities.

As the general condition of the patient improves, he may have junket, Benger's Food, arrowroot, and other light and digestible food, but no solids until all signs of the illness have ceased.

Chronic Dysentery.—In this stage, the diet is more liberal, otherwise the patient will become weak and anaemic.

The food may consist of boiled rice, fish, pounded chicken, soup, pounded fresh meat and egg flips. However, care must be taken that the nourishment is quite digestible.

A patient with chronic dysentery need not be kept in bed, but should be warmly clothed with light warm clothes, and have plenty of fresh air.

The principal points are to keep the patient from becoming depressed. This is best met by climate treatment or a sea voyage if possible.

For the safety of others as well as the nurse, the stools should always be disinfected before being disposed of.

All utensils should be marked and set apart; bedding and linen fumigated after being used for the patient.

Complications to watch for are:—(1) Collapse, (2) hemorrhage, (3) ulceration, (4) congestion of the liver, (5) peritonitis, (6) abscesses, (7) delirium. These are treated accordingly as the symptoms arise.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dorothy Maton, Miss Edith F. Mason, Miss Dora Vine, Miss S. Simpson, Miss Harding, Miss B. James, Miss N. Perkins.

The Prize Competition Coupon will be found on page ii of the cover.

QUESTION FOR NEXT WEEK.

Describe a course of procedure if secondary hemorrhage should follow the removal of tonsils.

TETANUS.

Although most nurses see a few cases of tetanus in the course of their work in time of peace in this country, it is not of frequent occurrence. It is however one of the great dangers to the wounded in the present War, and an article by Dr. Alfred MacConkey, M.B., B.C. Cantab., D.P.H., Bacteriologist in charge of the serum laboratories at the Lister Institute of Preventive Medicine, on its prevention and treatment by means of anti-tetanic
serum, published in the British Medical Journal of October roth, from which the following information is taken, is of much interest.

The author tells us that tetanus, or lock-jaw, is a malady common to man and many animals. It was recognized in ancient times, and it has long been known that it was likely to follow the soiling of wounds with earth, dust, and similar material. It was, however, not until 1889 that Kitisato succeeded in securing a pure culture of the bacillus tetani, and in proving that it alone was the causal agent of the disease.

The bacillus tetani is widely distributed in nature, being found in the soil of most cultivated areas, in the streets of cities, and in fact in any place where there is faecal contamination. It is found in the faces of horses, in the excreta of cattle, so frequently indeed that an investigator regards it as a normal inhabitant of the intestines of these animals. Tetanus antitoxin has also been found in the blood of adult cattle in more than 50 per cent. of the cases examined. It has been found in the wads of blank cartridges, the spores of the bacillus have been found in the water in which strawberries sold in Berlin have been washed, and it is said to have been found in the mud of the Dead Sea.

"This wide distribution of the organism emphasises the necessity for extreme care in cleansing all wounds, but especially those which have come in contact with street dust, road sweepings, the soil of cultivated fields, garden earth, manure, &c."

"Bahreson (cited by Anders and Morgan) stated that during the American Civil War he was put with other prisoners into a shelter that had been used for horses, and that all the wounded placed there who did not die as a direct result of their wounds developed tetanus, and all of them died."

Dr. MacConkey's object in publishing the present article is to call the attention of those who have not specially studied the question to "the value of tetanus antitoxin, which is inestimable when the serum is used properly as a prophylactic." He writes: "It is to be hoped that at the present time systematic use will be made of this remedy so that one, at any rate, of the hazards run by those who are offering their all on the battlefield in defence of their country may be reduced to a minimum."

CURATIVE USE.

"Premonitory" Symptoms. — In all diseases, the earlier the treatment is commenced, the greater the chances of a favourable result. If we could recognize tetanus in a stage as early as we can diphtheria, it would not be possible to obtain just as good results from serum treatment. But tetanus, unlike diphtheria, has no characteristic lesion which appears early in the attack and gives an indication of the nature of the disease..."

K. Evler relates 13 cases of tetanus, with two deaths, which came under his personal observation, he himself being one of them. He describes these premonitory symptoms as being very varied and changeable.

A day or so after the infection there may be general restlessness, changing suddenly to a desire to rest.

Sleeplessness with distressing dreams, and it may be nightly delirium.

Difficulty in micturition due to spasm of the sphincter vesicae, which may last from a few minutes to half an hour.

Temporary giddiness, violent headache, excessive yawning.

The facial appearance changes and the patient looks anxious, though there is no risus sardonicus yet.

There may be trembling of the tongue, which is put out to one side.

There is often a profuse sweating, and darting pains in various parts may occur.

The patient may have a feeling of chilliness, and there may be some swelling, without redness locally, of the injured member and throbbing of its arteries, notwithstanding that the limb is raised.

Slight jerking may follow pressure on the flexor tendons, and these muscles may be noticed to be in a condition of increased irritability.

If symptoms such as these are present with a history of possible infection with the tetanus bacillus, Evler considers that the administration of serum is justified. The later symptoms include:—

Increased flow of saliva.

Reflex cramps of oesophagus.

Ocular symptoms; for example, nystagmus, strabismus.

Ear trouble, and spasmodic cough.

Tremors and clonic spasms which are not painful and which may not attract attention.

Pain persisting after muscular contraction induced by effort.

Swollen and reddened lymphatics, enlarged glands and tenderness in the infected region.

CONCLUSIONS.

The author concludes:—

"Tetanus may be cured by the administration of antitoxin, provided that the serum treatment is begun early in the attack and is
pursued vigorously and continuously. Unfortunately in the present state of our knowledge a diagnosis is as a rule made only when the disease is in a stage so advanced as to make the results of treatment uncertain, even though very large doses of antitoxin are used. These large doses are costly, and place the serum treatment of tetanus practically out of the reach of those with shallow purses—unless, of course, the serum be provided by the State. But in the prophylactic use of serum there is within the reach of every one a means of checking the disease. It has been proved beyond the shadow of a doubt that, wherever the prophylactic use of antitoxin has been carried out systematically, tetanus may be said to have disappeared. Tetanus should therefore be looked upon as a preventable disease, and, when one realizes this, there flashes across the mind the memorable question, ‘If preventable, why not prevented?’

INTERNATIONAL NEWS.

Mrs. Helen P. Criswell, the Chairman of the Arrangements Committee for the International Council of Nurses Congress at San Francisco, June, 1915, writes: “The International Council of Nurses have decided, owing to the great demands on nurses on account of the War, it is best to discontinue all plans for the Nurses’ Exhibit in the Palace of Education at the Panama Pacific International Exposition. ““This will in no way interfere with the Congress to be held in San Francisco from May 31st to June 6th, 1915.”

All arrangements are so far going forward for the International train, as the American Nurses’ Association will hold its Annual Meeting at San Francisco. At an additional cost of £5 a ticket may be had in a standard Pullman sleeping car, but as the tourist cars are equally comfortable (being fitted with leather instead of plush), there appears no need to incur this expense. One nurse who wished to take her husband along, has been told this cannot be allowed, owing to the need of keeping all dressing-rooms on the train for members. But if 25 trained nurses want to take their husbands, Mr. Franck will make them up a car of their own on another train!

This sounds cold comfort.

This War, so ruthless and brutal, will we fear, cause so much grief and misery throughout the world, that there is but faint hope of a happy gathering of nurses from Europe in six months’ time. There are few homes in this country where sorrow will not set its seal.
tendent Nurse in relation to other Workhouse Officials, as defined in the Orders of the Local Government Board, is primarily responsible for this tragedy."

In support of the resolution Mrs. Fenwick read an important letter she had received, speaking in the warmest terms of the devotion to duty of the deceased nurse, and from intimate knowledge of all the circumstances which led up to her sad death, considered that it was their duty to send an expression of opinion to the President of the Local Government Board, which was responsible for the present intolerable regulations governing the relations between a Superintendent Nurse and other workhouse officials. Miss Marquardt, Miss Kingsford, and several others present spoke feelingly on the subject. They agreed that harmony was almost impossible where the Master of the Workhouse had the right to ignore the authority of the Superintendent Nurse, and interfere with her skilled work, of which he knew nothing, as permitted under existing Orders. The resolution was passed unanimously.

It was further agreed to send a copy of the resolution to the President of the Local Government Board, the Chairman of the Barnet Board of Guardians, and the foreman of the jury at the inquest of the deceased nurse, who recognised in their verdict that she committed suicide while suffering from mental depression consequent upon worry, the result of her treatment by the House Committee of the Barnet Board of Guardians.

The meeting then terminated.

Of course, the War formed the chief topic of conversation during tea, and it was a curious coincidence that of the three married members present each had but one son, and they, of course, had all volunteered for military service.

Annie E. Humfrey, Hon. Sec.

STATE REGISTRATION.

Miss Breay, the Hon. Secretary of the Society for the State Registration of Trained Nurses, has received a most generous subscription of £2 2s. 6d. from the Scottish Matrons' Association. The two Scottish nurses' organizations subscribe to the Central Committee for State Registration, and the support given by the Scottish Matrons' Association to the Nurses' Society, will be very encouraging to those who are working unceasingly for the cause.

It is a coincidence that the three successive Presidents of the S.S.R. have all been Scottish women, the late Miss Louisa Stevenson and Miss Isla Stewart, and Mrs. Bedford Fenwick. Also, the three members of Parliament who have been successively in charge of the Nurses Registration Bill in the House of Commons have been of that tenacious nationality—Dr. Farquharson, His Excellency Sir Ronald C. Munro Ferguson, and Dr. Chapple.

THE WINTER'S WORK.

It is announced that the new Session of Parliament will open on the 27th inst.

On the 22nd inst, the Executive Committee of the Society for the State Registration of Nurses meets to plan the winter's work, and never in its history has the demand for Registration been more apparent.

All the Nurses' Leagues should hold meetings in support of the Bill, in season and out of season. Members with the gift of tongues, or of pens, should make themselves heard. The public needs instruction—our legislators most of all. Speakers can be supplied from the Offices of the Central Committee for State Registration of Trained Nurses, at 431, Oxford Street, London, W.

Mrs. Bedford Fenwick has accepted an invitation to speak to the Catholic Nurses' League at an early date, so many of the members of which are taking an active part in caring for the wounded both in Belgium and France, and their experience on active service has aroused in many a keen interest in the Registration question, and made them realize its vital importance, especially in times of War.

REGISTRATION IN AUSTRALIA.

Trained nurses in Australia are naturally feeling a little sore, that the National Council of Women in the Commonwealth, promoted a Midwives Bill in Parliament, without consulting their organizations, and thus created difficulties for the Nurses' Registration Bill, which includes obstetrics, as the Medical Acts do. We learn by a recent mail however that it is not improbable that the Minister of Health intends to bring in a Nurses' Registration Bill himself, which would then supersede both private measures. Let us hope this news is true.

We sympathise with the Australasian nurses in their opinion that the National Council of Women in Australia have plenty of work in hand, without defining professional standards, of which they have not practical experience, and that it is far from politic to run counter to the very expert knowledge which has been available in drafting the Nurses' Bill, as it has the support of every leading medical practitioner, matron, and trained nurse in the Commonwealth.
NURSING AND THE WAR.

We are informed by Miss Lightfoot, the Matron of the Officers' Hospital at the Fishmongers' Hall, that in addition to the staff mentioned in our account last week of the opening of the hospital, there are the following three Sisters—Miss M. Bliss, and Miss Henley (who nursed through the Balkan War), both trained at King's College Hospital, who have had long experience; and Miss G. Fillings, who was trained at St. Bartholomew's Hospital, and who has had considerable experience in the Theatres there.

The Sister Superior and Committee of St. John's House are most kindly sleeping the nurses at the House, free of charge, as there is no accommodation at the Hospital. Valuable assistance is also being given by members of the various detachments of the Red Cross Society (City of London Branch) in the still-room, linen-room, kitchen, in dusting the wards and carrying trays, &c. The nursing is entirely done by the fully certificated staff of nurses.

The first consignment of patients were admitted on Monday last.

The return of Miss Beatrice Cutler and three other nurses from Brussels, happily accomplished without exciting incidents owing to the skill of those who arranged matters, might have had a different ending. We do not propose to give any details of the method by which it was accomplished, lest—the party safe at home—trouble should arise for those who assisted them.

There is no doubt that the party, for whose return Miss Cutler was anxious to make arrangements with the home authorities, as their services were no longer needed in Brussels, had a strenuous and anxious time.

Arriving as they did in Brussels the day before the occupation of the city by the Germans they were under arrest during the whole of their stay there. They worked in the Hospital of St. Pierre, nursing—with French, Belgian, and Swiss colleagues—Belgian and German soldiers. Many were the serious cases, the head surgeon being Dr. Depage, with whom some of the nurses had already made acquaintance at the Cologne Congress, and who proved himself their very good friend.

A strong guard was placed over the hospital, and it was somewhat nerve racking that the first German wounded who came in all had loaded rifles, which the nurses had to avoid as best they might while attending to their needs.

The ambulance, some distance away, where the nurses slept was also strongly guarded, and the greater part of the time their work was done to the accompaniment of the booming of heavy guns, now nearer, now farther away, and they knew only too well that death and destruction were following in their train.

On Saturday last a telegram from Copenhagen was received from Sister Haswell, R.N.S., that the whole party of 30 doctors and 120 nurses, sent to Brussels by the British Red Cross Society, and St. John Ambulance Association, had arrived there. We learn that the journey through Belgium and North Germany, which took three days in a closely guarded train, was a very trying one. The Danish people gave them a most enthusiastic welcome, and cordial entertainment, and the Daily News reported that Danish souvenirs consisting of gold and silver badges of the Queen's Charity Fund for War, will be presented to them. Some of the party decided to proceed to Petrograd, others are on the homeward journey.

We learn from a lady from Paris with very high ideals of what nursing should be, that the
arrangements made in France for the care of the French soldiers from the war, are very defective, and that the members of the Croix Rouge with the best intentions in the world have failed to call in sufficient expert help. The whole aristocracy are now wearing nurses uniform of a more or less becoming nature, and are to be seen flying about Paris in this costume in their magnificent automobiles. They staff the various Red Cross hospitals, and alas! only lack the knowledge and skill absolutely indispensable for the comfort and recovery of the patient. 'What a pity,' she exclaimed; many more English Nurses have not been in France from the beginning of the war—working with our Croix Rouge—what suffering might have been saved, how many lives saved! The trains for the wounded—cattle trucks and straw; one's heart bleeds for the sufferings of these brave ones.

This lady had seen one of our ambulance trains leave Southampton for the North—she was enchanted with it. The comfort, the care bestowed by doctors, orderlies and Sisters. She sat and wept that many of her dear compatriots had none of these things to mitigate their suffering—'Indeed we have much to learn,' she said. The question is, will they learn?

Then she told us of the splendid work done by French women apart from skilled nursing. Nothing could have been better than the way the Parisiennes threw themselves into the breach of providing nourishing food for the hungry. Canteens were opened, free meals organized, everything, tables, knives and forks, were willingly lent, and 'The girl left behind me,' and the children, well fed. At one canteen only mothers with young babies are eligible. In the afternoon the babies are provided with bottles of good pure milk—a tub is also provided for them. At this Lycée 1,000 meals are prepared and served every day. Here is our lesson: We are the worst and most wasteful cooks in Europe. The majority of our nurses know little of food values. Would it not be conducive to the existence if we both put our pride in our pockets and made a fair exchange? For a knowledge of how to prepare really nourishing and digestible food, we will give expert instruction in all the niceties of nursing. When branches of our International College of Nursing are at work in every civilized country such a scheme will be a matter of course. In the meantime we bear the commissariat is by no means irreplaceable in many of our Territorial Hospitals.

Mrs. Hankyn Halder, who nursed in the South African War, has been appointed to the staff of the Australian Hospital at St. Nazaire, France, in place of Miss Joan Dow, who is invalided home. 150 beds have been occupied by English and German patients. The hospital contains 200 beds, and is almost entirely supported by Australians.

The generous people of the Commonwealth of Australia, are thus supplying fighting men, doctors and nurses, and hospital accommodation.

**AT THE FRONT.**

**ST. JOHN AMBULANCE ASSOCIATION.**

Miss Sinclair, Commanding in charge of St. John Aid Detachment at Paris, has joined it, and it was upon her request the nurses selected with Miss McCord as Matron, by St. John Ambulance Association, were despatched to Paris.

Miss Leahy is in charge at the American Hospital, Paris, with the following nurses working with her: Misses Davies, Hulbert, Morty, Mackay, McAdam, Connolly, Newton, Scally, and Millington.

Miss Richardson and Miss Cobb are at St. Malo, and Miss Downey and Miss Bower at Dinard.

On Wednesday, Miss C. E. Metcalfe as Matron, left to staff the recently arranged hospital at St. Malo, accompanied by the following staff:—Mrs. Beckton, Misses R. Gooney, C. E. Evans, J. Fortune, C. de H. Fraser, P. Mapleton (R.N.S.), K. A. Parry, O. Whittam, E. Durberg, J. S. Henderson, R. Hilder, E. Monk, M. F. Rutherford, C. Rudd, and S. Elkington.

We are asked to state that trained nurses desirous of offering for active service, who can speak Hindustani, should apply at St. John's Gate, E.C. In connection with the Indian troops, it is hoped to provide hospital accommodation in the South of England owing to the difficulty of comfortable train transport in France, and the services of nurses who know India and its peoples, would be of great value.

The Committee hear nothing but the warmest praise of the work and devotion of the nurses they have sent to the front—indeed their conduct during the bombardment of Antwerp has been described as heroic. The following ladies now form the Selecting Committee: Miss Claridge, Matron-in-chief, Miss Swift, Miss G. Rogers, Miss Luckie, and Mrs. Gardner, formerly of Guy's, Leicester, London, and University College Hospitals.

**BRITISH RED CROSS SOCIETY.**

The sixth unit of nurses whose names are given below left Victoria Station for France on Wednesday, October 7th. Misses Hilda Bruce, Agnes Joliffe, Lilian Jones, Charlotte Middleton, Eileen Munro, and Colette Parker.

**DR. STEEVENS' HOSPITAL, DUBLIN.**

The following members of the nursing staff have responded to a call from the War Office: Sisters Hayes, Healy, Doherty, Murray, and Nurses A. Tiernan, M. Tiernan, Kelham, Cox, Reid, O'Brien, Jones, and Kild. Ten of them are on active service, and two on Home duty.

Miss Matilda M. Kerr left Edinburgh with the contingent of nurses on October 1st to join the Hospital Ship Oxfordshire with the other nurses whose names we published last week.
Canadian Nurses Help Motherland.

The Nurses of the Canadian Expeditionary Force.

The nurses of the Canadian Expeditionary Force, the first contingent of which has just arrived in home waters, have rallied from Quebec, Montreal, Ottawa, Winnipeg, and all parts of Canada, to the call of the Motherland. As depicted in our illustrations, they wear a smart military tunic, decorated with two rows of buttons in the front, with either shoulder straps or epaulettes, and fastened with a uniform belt. They are provided with serviceable great coats with bright buttons and epaulettes for outdoor wear.

We learn that 50 or more wounded sailors were on Tuesday admitted to the Queen's Canadian Military hospital, financed by the Canadian War Contingent Association, at Beachborough Park, Shorncliffe. We are glad that these men, fresh from the horrors of the siege of Antwerp should be cared for in such a lovely and peaceful environment. Sir William Osler and Mr. Donald Armour are respectively physician and surgeon-in-chief; and the matron is Miss A. E. MacMahon (of Toronto), who received her training at the Johns Hopkins Hospital, Baltimore. There is a staff of Canadian trained nurses, and probationers are being supplied by the St. John Ambulance Association. Lady Markham will remain in residence, and take charge of the commissariat.
WOMEN UNDER FIRE.

HEROIC DEVOTION TO DUTY.

The bombardment of Antwerp, although its fall was known to be imminent, was absolutely ruthless, and hospitals, wounded, doctors and nurses all had experience of its horrors. One thing stands out, the splendid courage of our British women, medical and nursing. To this all reports bear witness, a thing that is the silver lining to a very black cloud. The German guns smashed through the forts and fired the whole city, and the scenes of fright the day before they entered on the 6th inst. were almost indescribable. The Times correspondent writes:

"In a neighbouring street, the Rue Nerviens, in the Franco-Belgian Hospital, were two English ladies, a Miss Cole and her sister... They were keeping as calm and smiling as possible to subdue as best they could the fears of the Belgian wounded who were ready to jump out of bed, whatever their condition, rather than fall into the hands of the enemy. Thiers, too, was a difficult task—to wait with a ward full of wounded and more or less panicstricken, in a deserted city into which shells were still crashing, for the trump of German soldiers and the knock on the street door which meant that they were prisoners."

WOMEN'S NATIONAL SERVICE LEAGUE HOSPITAL.

Mrs. St. Clair Stobart, of the Women's National Service League, and her fine band of medical women and nurses, had a most exciting time. Their hospital corps which went to Antwerp on September 22nd, was working in a concert hall at Burcham, in the direct line of shell fire from the south, and close to a large ammunition depot. Dr. Florence Stoney, who acted as medical superintendent, and who with the staff has arrived in England, has given to the press a most graphic account of the terrible twenty-four hours under fire, and she speaks with much gratitude of the help given by an English Colour-surgeon, T. Cunningham, of Chatham, who behaved splendidly in spite of a bad wound in the head.

Mrs. St. Clair Stobart described the escape in the Daily Mail—

"We arranged, if a bombardment began, to remove our wounded into the cellar—three dirty little caves under our kitchen. At midnight on Wednesday the bombardment began. We were roused by a rushing, fluttering sound through the air that seemed to go bump—bump.

"One shot came into the house next to us and tipped the roof clean off. A house on the other side received another shot which went through the middle of it. It caught fire. Another shot made a hole 6 ft. deep near the main door of our hospital. Another fell in the road just outside; another thirty yards away, and another ten yards beyond. They might have been firing at the hospital."
The staff that night walked to their sleeping place in the convent across the road with shells flying about. But first they had got their wounded patients safely to the cellars. Slight, frail nurses carried heavy men on their shoulders—the men's arms around their necks. Shells were bursting all round, but never once did I see anyone taking the slightest notice of them. The nurses' coolness was marvellous. In half an hour all 130 patients were packed in the cellars.

Next day, Thursday, we found nearly all Antwerp had fled. All the shops were shut; no food, not even bread, was to be got. A not a soul was to be seen. At last I found a motor-lorry to take away our six most serious cases. We were left with sixteen, who could not move. At two o'clock on Thursday we found a second motor-lorry, and on this we packed sixteen wounded, a woman doctor, three nurses, and an interpreter. The loading was done with the shells still dropping around us.

"We waited for help—three hours, four, five—and nothing came. Then, in desperation, I went out on the main road, the Chaussée de Malines, to see if I could see anyone. Imagine my delight at seeing whirring along the road towards me, at a breakneck pace, three London motor-omnibuses. I stood in the middle of the road, stretched out my arms and shouted. They were carrying ammunition. I urged them to take our staff along. "If you'll be as quick as lightning," said the driver of one, "we'll take you along. But we must get beyond the bridge of boats before it is blown up." I rushed into our hospital, hurried up the staff, and in a few minutes we were sitting in the omnibuses, right on the cases of ammunition they were carrying. There were sixteen of us. We rushed down into Antwerp and over the bridge just before it was blown up.

"On the other side we were put down, and after going a short way we found ourselves among lines of soldiers. A Belgian general and three of his staff were there. I went to him and asked he could lend us motor-cars to get to somewhere whence we could get to Ostend. He let us have motor-cars to take us as far as St. Gilles. Thence we got to Ostend and over by boat."

**LETTERS FROM THE FRONT.**

FROM FRANCE.

We hope the optimism of Sir Frederick Treves, in so far as the supply of English nurses in France is concerned, will not have the effect of preventing more being sent over. All there have been working at high pressure, and it is false economy if the best work is to be done. We hear of a staff of eight nurses for day and night duty to 200 wounded men, many very seriously ill. Of these several are naturally kept waiting on the overworked surgeons, and have all the sterilising and theatre work to do. One writes: "If I had been expected to bestir my stumps in England as I have since I came here how injured I should have felt. But I have often here been on duty sixteen hours at a stretch, and truly never felt tired. It is amazing what one can do when one tries. I have simply to tear myself away from the ward long after bedtime. No one with "feet" and "backs" need come here, there is no use for them. It is the chance of a lifetime to feel one's work of so much value. You know how often I have said how superfluous I felt—just one of hundreds—but here hundreds need my service, and I am grateful. Is that vanity, or just a yearning to pour out the mother in one? How I have always envied women with "Victorian" families. Fancy the feeling of the German Empress with six sons at the War. Don't tell me she isn't as pleased as Punch, I know better."

FROM SWITZERLAND, THROUGH FRANCE, TO ENGLAND.

Although Switzerland is politically neutral, individual feeling runs very high—being, roughly speaking, decided by language. The French-speaking cantons are for the most part in favour of France and her Allies, and the German-speaking for Germany and Austria.

"I left Geneva under special escort, and, therefore, got a through carriage to Paris instead of being delayed en route. I might have kept the compartment to myself, but had not the heart to do so when, about 3 a.m., fourteen people chambered in. As the carriage was only intended for seven, it was a fairly tight pack one on the top of the other and on the floor. There were officers, soldiers, women and children. I was struck by the general cheerfulness and politeness. There appeared to be no barrier between officers and soldiers. An animated conversation went on all night, and we all interchanged chocolate, pears and views, as if we had known each other all our lives. With the exception of one youth who had just arrived from Marseilles and announced the arrival of the Indian troops, all the men had been wounded and were rejoining their regiments after convalescence. They spoke hopefully and with determination. They were unanimous in saying that the Germans shot badly and that this accounted for so many wounds to the extremities. One of them described the effect of the new French explosive. He said they had fired on a lot of Germans in trenches, and were astonished that they never moved. On investigation, it was found that they were already dead but still standing with their rifles levelled, and one officer holding up his field-glasses—exactly as if alive. Their theory was that the vibration killed them, but I have generally heard the result attributed to inines. The women of the party had fled from their homes not far from Paris, on the approach of the Germans, and were now returning. They showed the same gallant spirit as the men, and the same determination to bear what misfortune came to them without complaint as
their share of the fighting in France. Both the soldiers and the writers told of the terrible sufferings of the wounded who had, in many cases, to be left in trains untended, so that they died of exposure. They did not grumble, but they said it was some comrade, whose life had been sacrificed in this way: "Ah, so solemnly on a public street that I will not give, Or I am brave."
The fact that it has been impossible to attend to all the times corroborated the above. Many cases reached the base hospitals too late for operation. I saw an English lad in one of the Paris hospitals, who was dying of septic poisoning; and yet he had only had two fingers shot off. Another man had lain for days without attention, and when his clothes were taken off the skin of his back came with them. There is a lot of tetanus, but whether this is contracted lying out on the field of battle only or also later, lying on the straw of the railways' vans, I am not clear. Opinions about the efficacy of serum appears to vary also.

At a station near Paris we came upon British troops. When they found we were English they looked delighted and ran along by the tram shaking our hands. They looked very smart and confident, but I had a pang when we passed a very long train of British wounded—not a hospital train but just luggage vans arranged for the purpose. I was told there were no proper hospital trains running to Paris, but that may be a mistake. The various ambulances in Paris letch the wounded from the stations outside and take them to the base hospital. The fine American hospital established in the empty Lyceé at Neuilly has a train of 60 motor ambulances which is doing splendid work. I was talking to one of the directors of the hospital when one of these convoys arrived. They are converted taxis. The body is removed and replaced by an ambulance body, which holds two stretchers side by side, and has a canvas cover. The cost of the transformation is 310. The director told me that it was found that a number of little cars was much more "handy" than a fewer number of large cars, as they could be more quickly loaded and with less strain for the wounded. The leading cars carried the surgeon and his assistants, and the others were manned by the chauffeur who is also a trained stretcher bearer, and a stretcher bearer.

There appear to be plenty of base hospitals in France, both in Paris and elsewhere. Indeed, many of them are still more or less empty. But it appeared to me that there is great need for which, as far as I know, no provision was being made. I am speaking more particularly about the French arrangements, which of course affect the British wounded also; and we must realize that the French have far greater numbers of difficulties to contend with than we have. One such need is a number of temporary hospitals in the lines of communication, so that the worst wounded could be taken out of the cars or trains and operated on before it is too late. A large supply of motor ambulances may cover the difficulties at present, but, as the lines of communication become more used, it is most sincerely hope they will not be omitted when it becomes severe.

Then, as you article in a recent issue showed, the wounded suffer terribly in the long journeys from lack of such things as our nurses could give. I was told that it is impossible to send nurses with most of the trains, because there is no communication between one coach and another. But is there any reason why each train should not carry a certain number of trained women who could stay with the worst cases or pass from coach to coach at the halts? Some of the terrible suffering could at least be mitigated by trained nursing.

Then it struck me, though of course I may be mistaken, that a Matron-in-Chief over all the British voluntary hospitals would be a great advantage. Such a Matron should be a professional woman, appointed by the War Office, and she should have charge of the inspection of the nursing arrangements of the voluntary hospitals and ambulances. She would have her headquarters in Paris and she would inspect hospitals elsewhere and see that the arrangements for nursing and domestic management were adequate. In this way a great deal of confusion, overlapping, and misunderstanding would be avoided.

I also venture to think that it we ever have another war the whole of the voluntary nursing arrangements should be managed by a body under the War Office. Such a body should consist of professional nurses and other experts only, and be nominated by the War Office and the Societies which are giving such generous aid, and the British Red Cross, and the St. John Ambulance Association. Such a body would have the confidence of the War Offices of the various allied nations, and would reconcile all differences for the sake of the common weal.

F. L. C. EDEN.

THE CARE OF THE WOUNDED.

The King and Queen on Saturday last, visited St. Mark's College, Chelsea, which is now filled up as the Second London General Military Hospital, and spent a couple of hours among the sick and wounded. Both the King and Queen made a special point of speaking to every patient in the front, and the King learned from one of the soldiers that the Uhlans had been christened, "ewelams." They were greatly pleased with all the arrangements for the comfort of the patients—which was naturally very gratifying to the medical staff, the Principal Matron, Miss Darbyshire; Miss Ruddell, the Matron, and the nursing staff, who had worked so hard to make St. Mark's College an up-to-date military hospital.

The Union of the Women of France has inaugurated a service of hospital barges for the wounded. Thus the splendid system of waterways in Northern France will be utilized. The barges will carry surgeons and nurses, and form
floating hospitals which can easily be moved about. Severe cases can have immediate attention in favourable circumstances.

The first barge is named "L'Ile de France." It will accommodate forty wounded men and two surgeons. It is believed that it should make the journey from the front to Paris in less than three days. This scheme deserves every encouragement and will be widely extended.

The War Office has decided to spend £20,000 of the Canadian women's gift in the purchase of 40 motor ambulances, the balance of over £37,000 will be used by the Admiralty to build, equip and maintain a supplementary hospital of 100 beds at Haslar.

THE BRITISH RED CROSS SOCIETY.

An official statement has been issued of the work of the Paris branch of the Red Cross during the month of its existence. The branch has four hospitals in the French capital for the accommodation of wounded officers and men, with 300 beds in all. In the early part of September no motor ambulances were available, but thanks to the generosity of private owners and the courtesy of the French military authorities a convoy of limousines was sent out from Paris several times each week to bring back wounded, not only from the front but also those in isolated houses and auxiliary hospitals of the French Red Cross societies in outlying districts. Some 250 were brought in by this means.

Large quantities of food, medical and surgical supplies, clothing, and blankets have also been supplied by the branch. The ladies' working party, which has been at work since the declaration of war had made a very large number of shirts, pyjamas, bandages, and belts. All the British clergy of every denomination were organised into a band of almoners to visit the wounded in the various hospitals in Paris.

With the help of the British Red Cross Commissioners the branch is now organising an ambulance train on a much larger scale. Its hospital accommodation will be raised to 1,000 beds in Paris and neighbourhood, with full staff of doctors, dressers, nurses, and orderlies from England.

OXO.

The value of Oxo not only as a nutritious and delicious article of diet, but also as a valuable stimulant, in certain cases, is well known to nurses. The latest instance of its recuperative powers is the case of some of the exhausted survivors from the Hogue taken on board the Louise, where steaming bowls of Oxo quickly picked up the majority and in the words of one of them "made new men" of them.

We know that some of the nurses proceeding on active service supplied themselves with the handy little cubes obtainable in sixpenny and shilling boxes, which just make one good sized cupful.

THE FLORENCE NIGHTINGALE ORATION.

A very successful meeting was held on Thursday, October 8th, in the Town Hall, Liverpool, when Miss Amy Hughes, president of the N.U.T.N., gave the Florence Nightingale Oration to a crowded audience.

The Lady Mayoress presided, and in the course of her remarks said that it was fitting that in the midst of a great war and of great trouble we should remember one who had remained a shining light to this generation, and to recall how she came through all her trials so victoriously. Miss Hughes spoke for nearly an hour, and was followed throughout with great interest and appreciation.

She said it was just sixty years ago this month that Miss Florence Nightingale started out upon her mission to the Crimea, and she took the various stages in her early life and pointed out how each one had its effect upon her later life. From her mother she inherited a talent for organisation, and from her father a spirit of speculative inquiry, and as a child she felt that she was destined for some special calling.

The speaker showed how, in the face of great opposition, she organised and carried through her work in the Crimea with no conveniences and often not even bare necessities. When sitting up at night the rats were so numerous that she became an expert rat-catcher. Miss Hughes contrasted the nursing in the Crimea with that in South Africa; in the former Miss Nightingale went out with a staff of 38 nurses, which was eventually increased to 125, while in the Boer War there were 800 British nurses altogether. Miss Nightingale found discipline very difficult, and it gave some idea of the ways of nurses at that time when it was necessary to issue regulations strictly limiting the amount ofspiritsuous liquor.

From the Crimea she came home imbued with the need for nursing reform and the speaker passed in review the various nursing movements which Miss Nightingale organised and in which she was interested. Miss Hughes also showed that thoroughness was characteristic of all Miss Nightingale’s work; no detail was too small and nothing too much trouble, even in her later years when her health began to fail.

In conclusion, Miss Hughes said, “I think that this War has come to raise the nation to a sense of discipline. Our school is giving up their pleasure and their sport and going forward to work for their country, and to face hardships and discipline which they had never heard of.”

"If our men are learning the lesson of the War, don’t you think we women, and especially we nurses, should learn our lesson of discipline and co-operation also, and may we not in this take our example from Miss Florence Nightingale also?" Mrs. MacKenna proposed a vote of thanks to Miss Hughes for her most interesting speech, and also to the Lady Mayoress for her presence in the chair.
Miss Tipper, branch Secretary, seconded the vote of thanks, and said the N.F.L. in Liverpool owed a debt of gratitude to the Lady Mayoress for the interest she had taken in the Liverpool Branch from the beginning. She reported that the club was nearly completed and the committee hoped it would be ready for occupation in a few weeks. The premises are in the top flat of Premier Building at the bottom of Bold Street.

After the proceedings the Lady Mayoress kindly entertained the members of committee and a few friends to tea.

**NATIONAL UNION OF TRAINED NURSES.**

A lecture will be given on Thursday, October 20th, at 3.30 p.m., by Mr. Stephen Paget, F.R.C.S., on "Typhoid Inoculation," at the Institute of Hygiene, 33, Devonshire Street, W. And on Thursday, December 3rd, at the same time and place, Dr. Charles Porter, M.D., will lecture on "Sanitation and War." Admission to members, on showing badge, 3d.; to non-members, 6d.

**APPOINTMENTS.**

**MATRON.**

Baby Hospital, Manchester. Miss A. M. Bown has been appointed Matron. She was trained at St. John's Hospital, Lewisham, and has worked in connection with the Manchester and Salford Sick Poor and Private Nursing Institution, Manchester.

Clackmannanshire Fever Hospital. Miss Lilian M. McIntyre has been appointed Matron. She is at present Sister at Camelot Fever Hospital.

**MATRON NURSE.**

Mary Hewetson Cottage Hospital, Keswick.—Miss E. A. Oliver has been appointed Matron Nurse. She was trained at the Royal Infirmary, Edinburgh, and has been Sister at the Midland and Eye Hospital, Birmingham, and at the Beckett Hospital, Barnsley, and has been Holiday Matron at the Kingsbridge and District Cottage Hospital.

**SISTER.**

The Borough Hospital, Crydon.—Miss F. G. MacConmack has been appointed Sister. She was trained at the Royal Hospital, Sheffield, and the Seacroft Fever Hospital, Leeds, where she has been Ward Sister.

General Hospital, Chelmsford. Miss Victoria Mitchell has been appointed Sister of the Women and Children's Ward.

**SCHOOL NURSE.**

County Borough of Stockport. Miss Mary II. Fidler has been appointed School Nurse. She was trained at the South Manchester Hospital, was Assistant Nurse at Baxtord Union Hospital, Nottingham, and has also been at the Infirmary, Axbridge.

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

**TRANSFERS AND APPOINTMENTS.**

Miss Mina Riden is appointed Assistant Superintendent, Cornwall, C.N.A.

Miss Riden received general training at the Tottenham Hospital, Midwifery training at the Salvation Army Hospital, Mare Street, Hackney, and District training at Manchester (Bradford Home). She has since held several appointments under the Institute.

Miss Winifred Flanders is appointed to Loughton; Miss Ada A. Garner, to Mytholmroyd; Miss Agnes Giltinan, to Shillingford; Miss Lilian M. Ringe, to Brixton; Miss Caroline Sowden, to Durham; Miss Louie Stevens, to Three Towns; Miss Hannah Sumner, to Trefecyn.

**A PLEASING SOUVENIR.**

Dr. Dykes Bower has just been the recipient of a very pleasing souvenir, in the shape of a handsome oak writing table, presented to him by the Matron (Miss Oyler), the late Matron (Miss Yeats), the Assistant Matron (Miss Baker), and 111 Sisters, Nurses and Probationers, past and present, of the Gloucestershire Royal Infirmary, on his resignation of the post of Honorary Surgeon to the Institution.

**FOR OUR SAILORS AND SOLDIERS.**

They need socks and body belts; send to Lady in-Waiting, Devonshire House, W.

Mitts and Gloves; send to Grand Duke Michael, 30, Portland Place, W.

Moilers (2½ yards long, no fringes); send to Lady French, Manor House, Waltham Cross, Herts.


**THE PASSING BELL.**

It is with sincere regret we record the death of Miss Isabel McIsaac, R.N., Superintendent of the Army Nurse Corps of the United States of America. Miss McIsaac was a Scottish woman by descent and one of the foremost American Superintendents, and has been President of the National Associations of both Superintendents and Nurses. At the International Congress of Nurses at Buffalo in 1901 Miss McIsaac presided over its deliberations with dignity and charm. Later, when she retired from her onerous position as Superintendent of the Illinois Training School for Nurses, Chicago, she contributed to the *American Journal of Nursing* "New Cranford," the story of her life on a peach farm, with much literary skill and delightful humour. Much sympathy will be felt with the nurses of the American Army Nurse Corps in the loss of their chief, who was greatly beloved. Miss McIsaac died at Washington on September 22nd, and was buried at Waterloo, Iowa.
NURSING ECHOES.

The stream of refugees passing through the ward of 50 beds devoted to their use, at the Chelsea Infirmary, entails a large amount of work upon the Matron, Miss Barton—already a hard-worked Principal Matron—but all her sympathies are with these brave sufferers in a ruthless War. On Tuesday the Mother Superior and some half-dozen nuns of the Order of the Annunciation at Antwerp, with other refugees in their charge, who had arrived at Tilbury that morning, were hospitably welcomed. What struck one most perhaps was the smiling fortitude with which they looked forward instead of back, and were already eager to learn English phrases so that they might adapt themselves to their new environment. A mother and daughter—the mother constantly weeping and refusing to be comforted—were a pathetic little group, but the children had already forgotten their sorrows, and played merrily.

Sometimes one wonders if the nurses' work in every branch but those connected with the Navy and Army has really stopped. One hears nothing of it in these exciting times, and yet our poor sick people are all the time being cared for in hospital and in their homes. Queen's Nurses are quietly going about their duties, and are doing the nation's work with their usual reticence and devotion. The annual meeting of the Huddersfield and District Victoria Sick Poor Nurses' Association was recently held in the Mayor's Reception Room, and a report of most useful work was presented.

A sum amounting in the aggregate to £75 2s. 9d. had been received in small amounts from patients as a token of gratitude for the services rendered to them, and these contributions, often involving considerable self-denial, were a striking testimony to the excellent work which was being done by the association. The inspector of the Queen Victoria's Jubilee Institute visited the home during June, and inspected the work of the staff in the various districts. The following is the official report:

"The year's work has again been marked by an increase in the number of patients nursed in both branches, general and midwifery, and it is a question if an extra nurse has not become a necessity. It has been a distinct advantage to have on the staff two nurses beside the midwife, who are also qualified for this work, and this arrangement has been appreciated by the superintendent. The four days spent with the superintendent and the nurses in the home and on the districts proved satisfactory in every way. The nurses were keen and interested when at work and happy and relaxed when off duty. The books and equipment were in excellent order."

Since the passing of the National Health Insurance Act, however, the work of the nurses had been greatly increased, as what was previously done by the doctors and others had in a great measure to be performed by the nurses.

We hope that the committee will make every effort to see that the nurses' remuneration is also greatly increased.

Leaving £56,329, the Hon. Anthony Lionel George Ashley, son of the seventh Earl of Shaftesbury, bequeathed to his nurse, Miss Louise Maillard, £400 and also, if still in his service, a life annuity of £400 as a mark of his appreciation.

He said in his will:—"She has been to me a very kind friend, a cheerful companion, and a devoted and skilful nurse; she has given up years of her life to the care of me, and I wish all who benefit under my will to have this read to them."

On Rose Day, at Carlisle, Sir Henry Burdett made one of his proverbial swoops about 6 p.m. on the Cumberland Infirmary, and after an hour's superficial peep straightway criticised its arrangements in his weekly hospital paper. We have on previous occasions called attention to the inaccuracy of Sir Henry's journalistic feats when dealing with professional matters he does not understand, so that it is hardly worth while to comment upon them.

This report, however, was a veiled attack upon the Matron, Miss Sylvia Parker, and as he came straight from Liverpool, it does not need a sibyl to read between the lines. Sir Henry complains of a "lack of smart contented briskness in the general atmosphere and work going on in the wards . . . and the need of someone in authority with technical knowledge and experience, who is constantly devoting attention and time to the supervision and enforcement of smartness throughout the wards."

At 6 p.m. these somewhat meretricious qualities are superfluous in a hospital ward. Good nurses are quietly going about their duties, bed-making, and preparing the patients for the night—a somewhat prosaic routine. Methinks Sir Henry would be more in his element, like other knights we know—as a Squire of Red Cross peccices bound for the front. We have no doubt he would then enjoy an atmosphere of "briskness and smartness throughout" entirely to his taste.
TERRITORIAL HOSPITALS IN SCOTLAND.

NO. 3 GENERAL HOSPITAL, STOBHILL.

The Territorial Hospitals in Scotland number four in all, that of the Highland Division at Aberdeen, and three of the Lowland Division—No. 2 at Craigeith, Edinburgh, which I described last week, and No. 3 and No. 4 at Stobhill, Glasgow.

Dr. D. J. Mackintosh, M.A., D.S., Medical Superintendent of the Western Infirmary, Glasgow, who has been appointed Assistant Director of Medical Services, and is Colonel on the Head

Quarters Staff, is in charge of the Lowland Division.

As in Edinburgh, so in Glasgow, one of the Poor Law Hospitals has been utilized for the organization of the Territorial Hospitals. The Stobhill Hospital which contains nearly 2,000 beds affords accommodation for both, over 1,000 patients having been removed to other institutions.

It is needless to point out the labour entailed upon the Matron, Miss M. Wright and the nursing staff, who worked day and night, Sunday and week-day to vacate and prepare the two hospitals. The labour on the part of the Matron was increased, as the patients who were transferred to other

institutions had to be sent in charge of the Charge Nurses, so that stocktaking in the wards had to be done with the junior nurses and probationers, who were not conversant with this department. However, everyone worked loyally and well, and in a week, the thousand beds were emptied, and the nurses had vacated their rooms in favour of the incoming staff, although, as the staff which come in was considerably in excess of that which was displaced, the problem of arranging for their accommodation was not an easy one. Now there only remain at Stobhill some 120 adult poor law patients, and 300 children, the rest of the building is given over to the two Territorial Hospitals.

Miss Gregory Smith, Matron of the Western Infirmary, Glasgow, and Principal Matron of No. 3 General Hospital, kindly spared time in a life which is specially strenuous just now to take me over to Stobhill where I had the pleasure of meeting the matron, Miss Miller, trained and an Assistant Matron at the Western.

The Red Cross organization in Glasgow thoughtfully puts motor cars at the disposal of the Principal Matrons, and both Miss Melrose, Principal Matron of No. 4, and Miss Gregory Smith, neither of whom have had a holiday this year, attribute to these daily drives to and fro in

the fresh air their power to perform their work.

Those who know Stobhill Hospital, Glasgow, know that it is beautifully placed, open to all the reviving air from the Atlantic which blows freely around it, and with lovely views on all sides.

Not the least attractive is the approach—beautiful with variegated shrubs, and beds full of lovely flowers, the pansies being specially fine.

It is a great convenience that the train by which the wounded, returning from the front, are conveyed runs right into the hospital grounds, and Miss Gregory Smith describes the arrival of the first train of wounded as a sight never to be forgotten. They arrived after dark, and with
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the search lights playing to show the way, the procession of a hundred heroes, headed by a Highlander able to walk, the more serious cases on stretchers, filed into the hospital to the cheers of the public outside. The one cry of all the men was not for food or drink, or even the dressing of their wounds, but for a bath. Within an hour, washed, and as comfortable as circumstances would permit, all were in bed.

The wards at Stobhill are specially bright and airy; they open on to a central corridor and have windows on both sides. Here the 300 (or more) wounded are being cared for with all the skill and devotion that modern medicine and nursing is able to bestow—and that is much. Most of the men seem happy enough, though some are evidently in great pain. Unfortunately many of the wounds were septic on arrival, and the fear is lest gangrene or tetanus should supervene.

The men have brought back many mementoes, and are proud to display them. But it is a mistake to talk to them of the battles through which they have passed, for the horrors of them are far too present with them, to the extent of disturbing their nights with bad dreams. It is best, the Matrons say, to direct their thoughts into some other channels. Our illustration shows four gallant soldiers talking over their experiences, enjoying a pawly joke.

There are many tales of gallantry, and in one ward a most gorgeous pair of slippers, embroidered in gold, has been bestowed by the Ward Sister on a sergeant who specially excelled in valour "where gallant men were all." Let us hope they indicate the honours to be awarded him by his Sovereign and military chiefs.

M.B.

TRUE TALES WITH A MORAL.

Ardent Volunteer Nurse to Hospital Matron.—"I have been sent by my doctor, he said he was sure you would let me go into the Outpatient Department and feel 'erpes'; also can I go into the Ward and set a broken arm, there are sure to be heaps of shattered limbs on the battle field." Ardent volunteer retires a less buoyant but wiser woman.

"GERMIDE."

We have pleasure in drawing the attention of our readers, both nurses and midwives, to a powerful antiseptic bactericide named "Germide," supplied by the Hospitals and General Contracts Company, Ltd. 25-35 Mortimer Street, London, W., and their proprietary product. Some of its recommendations are that it is more powerful and less poisonous than carbolic acid, it is non-irritant and non-corrosive, therefore hands and instruments are not injured and it is mixible with water in all proportions. It is supplied in quantities, varying from a 4 oz. bottle at 6d., to a gallon at 7s.; and not the least of its recommendations is that it is both British owned and British made. We understand that samples of this disinfectant, which for the past five years has been largely used by doctors, nurses and midwives may be obtained from the above firm.

THINGS NURSES SHOULD KNOW.

The British Red Cross Society has issued a leaflet on the Care of the Feet of recruits, which nurses might adapt to their own use when on active duty.

The FEET.

1. Feet should be washed with soap and water, and very gently dried—not rubbed.
2. Dab with methylated spirit on cotton wool, except where the skin is broken.
3. When dry, dust with powder composed of equal parts of starch and boracic powder or Fuller's earth.
4. Bandage with clean bandage, preferably of domette, not too tight—or else put on clean socks. All dirty socks should be washed and dried before use.
5. Reddened skin or recent blisters should be protected by strips of strapping.
6. All corns should be protected by strapping. Open sores require surgical advice, and this should be sought whenever possible, especially if the surrounding redness of the foot is extending.
7. Toenails should be cut short.
8. Hard boots should be well greased—mutton fat is the best. They should be well dusted inside with starch and boracic powder.

Owing to long hours of standing when on duty, many nurses suffer from swollen feet. First of all procure well-made perfectly fitting shoes or boots. A well-applied domette bandage worn under the stockings to the knee when on duty, gentle massage of feet and legs before retiring to rest, and sleeping with the feet raised on a pillow in bed gives great relief.

The HANDS.

The hands cannot be too carefully tended. A manicure box is no affectation. The skin should be kept soft with an emollient, and absolutely clean, the nails cut short. Indiarubber gloves should be worn when attending septic, unsavoury, or infections cases, and the gloves need care and sterilisation. We asked a nurse recently going to the Front what she would like by way of a gift. "Two pairs of rubber gloves," she promptly replied. "No infection for me." Good indiarubber gloves are a costly item in a nurse's equipment, but many lives have been saved by their use. We suggest committees responsible for nurses on active service at home and abroad should provide indiarubber gloves as part of the equipment.

Rubber gloves may be put on wet or dry. When the wet method of sterilization is employed, the hands are most easily introduced if they are smeared with equal parts of glycerine and methylated spirit; or gloves may be distilled with saline solution. When gloves have been sterilized by the dry method they can be readily drawn on after the hands have been dried with gauze and dusted with sterile talc powder.
GLAXO

The proprietors of Glaxo have undertaken special work in connection with the various relief organisations. Glaxo is being distributed in connection with the Soldiers' and Sailors' Families Association and the whole work of distribution has been organised in co-operation with the local secretaries of this Association. In London alone the distribution has necessitated separate detailed arrangements with 519 chemists and 64 local Secretaries. The whole of the 1,000 War Distress and Emergency Committees in Great Britain have also been approached with offers of co-operation and help. In connection with the Red Cross Society 511 dozen tins of Glaxo are being distributed by 17 military hospitals, each lot being personally delivered by a private car. The prop-

GLAXO FOR THE WOUNDED.

rieters (King's Road, St. Pancras, N.W.) are extending their organisation for the benefit of Britain's babies.

The proprietors of Glaxo have presented several hundred cases of their preparation to the various hospitals through the Red Cross. Above is depicted the loading of the firm's private car at Southampton Docks with a consignment for the Royal Victoria Hospital, Netley, where so many of our gallant wounded soldiers are now lying.

COMING EVENTS.

October 22nd.—Meeting Executive Committee Society for the State Registration of Trained Nurses, 131, Oxford Street, London, W.

October 26th.—Next examination of Central Midwives Board in London and the Provinces.

LETTERS TO THE EDITOR.

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

A PLEA FOR RED CROSS NURSES.

To the Editor of The British Journal of Nursing.

DEAR MADAM,—Just now, when the Red Cross Nurses and their work are getting so much adverse criticism from the fully-trained members of the nursing profession, I thought I would like to send you my experience. I am staying at Sherborne for my holidays. Hearing that a wing of the Castle had been fitted up as a Red Cross Hospital, and that visitors would be shown over, my hostess and I both trained nurses—decided we would go and see it. We were courteously received by the Sister-in-Charge (a trained St. Thomas' nurse, we discovered later) and taken through the wards. We found the wards beautifully arranged and everything ready for good practical nursing. The many makeshift contrivances made by the Red Cross Nurses excited our admiration. The lockers made out of sugar boxes covered with white American cloth and fitted with a neat towel rail, looked the proper article to perfection. The splints (of which there was a splendid stock) were well covered and would have brought no discredit to a trained nurse. Sterilized dressings and everything that could possibly be wanted for nursing the wounded were all prepared and ready for use at a moment's notice, all of which had been prepared by the Red Cross Nurses under the superintendence of a trained nurse.

I was introduced later to one of the Red Cross Nurses and found her a bright, intelligent girl, not at all over-rating her capabilities to nurse the wounded, but willing to follow out sister's directions in all things.

Now, under these circumstances do you think, the Red Cross Nurses are very much different from the probationers in a hospital? Cannot we
THE ANOMALOUS POSITION OF THE SUPERINTENDENT NURSE.

To the Editor of The British Journal of Nursing.

Madam,—As you justly point out in your comment on Miss Joseph's letter, it is the system and not the individual that has been criticised. At the moment, it is not for trained nurses to concern themselves with the social status of workhouse Masters, but rather to concentrate on endeavouring to prevent the recurrence of such a tragedy as was enacted at Barnet. Why is it that nurses and women generally are so lacking in esprit de corps? Surely, it should be of vastly greater importance to the nursing world that one of their sisters was so hurried and sore pressed by the "insolence of office," that she "looked arms against a sea of troubles," than that the dignity of fifty masters or a hundred guardians should be considered.

Do let us stand shoulder to shoulder in this matter, and rally round the flag of the noblest calling in the world, and demand with no uncertain voice of the L.G.B. that they remove this intolerable yoke from the shoulders of our colleagues.

Charlotte Phipps said to me, shortly before her death, "I hope I shall have made it better for those who follow me." Let us see that it is so.

I would suggest, Madam, as a practical outcome of her sacrifice, that you should, if you can add one more item to your heavy work, organise a petition to the L.G.B., praying them to redress this wrong. Surely every nurse (Poor Law or otherwise), will be eager to sign.

We can attend to the Master and Guardians at leisure.

I am, yours faithfully,

Henrietta Hawkins,
Poor Law Guardian, Certified Nurse.

REPLIES TO CORRESPONDENTS.

Miss D. J. X. Leisten.—An improvised bed rest for cottage homes may be made either with a net, of the mesh of an ordinary hammock, a straight edge being fastened to the top of the bed, and tied at the sides, and elongated ends tied at each side of the foot. Into this the pillows will fit comfortably. Or the same may be carried out in unbleached calico. A cradle is easily improvised by cutting a loop down the middle into semi-circles, then screwing the two portions together through the centre and spreading the feet out.

OUR PRIZE COMPETITION.

Questions.

October 25th.—Describe a course of procedure if secondary hemorrhage should follow the removal of tonsils.

October 31st. Describe the different classes of fractures, and the dangers to be guarded against.
INFANTILE ECZEMA.

Mr. Haddo Davis, F.R.C.S., in an interesting abstract on Infantile Eczema in the British Medical Journal, says that the eczema of infants has afforded, since many years, material for dermatological speculation. As to etiology there are two schools of thought. Many observers especially those on the Continent, hold strongly the opinion that it is due to some error in metabolism, and to overfeeding. Others on the contrary think that external causes are most potent. The present writer is strongly inclined towards the latter theory." He quotes Dr. Hall, of Sheffield, as having pointed out some very suggestive facts:

"In the first place, in the great majority of cases the eruption starts on the face and head. These are the only exposed parts in the warmly swaddled infant. (1) An infant is exposed to many new external surroundings which are capable of acting as irritants. (2) The most exposed part of its surface - that is, the face and head - is in almost all cases the starting point of the eruption. (3) The skin reflexes are far more widely distributed and easily called forth in the infant than the adult. (4) There is evidence that the majority of cases begin in the colder seasons of the year. As the children grow older their skins become obviously tougher, less sensitive, and therefore less vulnerable. Hence the tendency in most cases to recovery. It is only exceptionally that eczema persists beyond the third year.

"This last point brings me to the consideration of the prognosis in infants. The mortality among eczematous infants in hospital practice is exceedingly difficult to ascertain; they cease to attend the skin department, and one presumes it is because they are cured; in a few cases it is because they are dead. It is well known that eczematous infants are liable to bronchitis and asthma - in fact, that they have delicate chests. This tendency is quite likely primary, for, as they have hypersensitive skins, so it is not surprising that they have hypersensitive mucous membranes.

"When an eczema baby is attacked by a serious chest complaint it is brought, not to the skin department, but to the general physician, and the result is that its demise remains unremarked by the dermatologist. There seems to be a considerable amount of evidence that the expectation of life in these infants is not so good as in normal children. A paper read before the Children's Section of the Royal Society of Medicine shows that of twenty-eight babies who were sufficiently seriously ill with eczema to be admitted as in-patients to a large hospital six died from various causes. In every case the eczema disappeared, or nearly disappeared, before death. The explanation I would offer of that fact is not that the disappearance of the eczema killed the baby but that the fall of blood pressure on the near approach of death removed the erythema and rendered the eczema nearly invisible.

"As regards the treatment, believing as I do in the preponderating importance of external conditions, I consider the adequate protection of the inflamed cutaneous surface of the greatest importance. It is obtained by the application of a bland emollient which has no chemical action upon the skin but which checks evaporation from the surface and which prevents irritation from the deposition of dust and from friction of clothing. The form of friction against which it is most necessary to guard is that of scratching. For this purpose, it is usual, when dealing with infants, to apply splints to the arms about the elbows, thus preventing them from being bent and keeping the hands off the face. Formerly, when the children were confined to bed, I used to have the arms tied to the edge of the bed, but lately the Sister of the Medical Ward of Paddington Green Children's Hospital (Miss Probyn), has devised a much better method. A large towel is taken; the child is wrapped up in this, it is pinned down the back, while the lower edge is drawn up and pinned round the child's forearms, which are flexed to a right angle at the elbow. Thus the infant is confined in a sort of strait-jacket which has the advantage of keeping the child warm and does not interfere with proper nursing, as it can be lifted up out of bed and carried about without undoing any bandages.

"The drug which I regard as the therapeutic sheet-anchor in this condition is zinc oxide, which may be made up either into a thin cream or a thick paste. Except in very mild cases it is spread on a mask of butter muslin for the face or on lint for other parts. Treated on these lines, most cases clear up within a reasonable period. On the other hand, it must be admitted that there are some which refuse to do so. The only other drug which, in my experience, is of much avail is lenglallol, which may be added to the zinc paste in the proportion of 10 or 20 grains to the ounce. This sometimes seems to effect an enormous improvement. Occasional painting with a weak solution of silver nitrate also in some cases is very helpful."

WELFARE OF INFANTS.

To meet the demand for training of volunteers who have enrolled since the War for service at infant welfare centres, the National Association for the Prevention of Infant Mortality and for the Welfare of Infancy, 14, Tavistock Square, W.C., is organising a very comprehensive course of eighteen lectures, as well as practical demonstrations at infant consultations, to be given in London from October 19th onwards. The subjects...
chosen deal with every aspect of infant hygiene, from the ante-natal period to the feeding and care of children up to five. The fee for the full course is 5s. Apply to the Secretary at 4, Tavistock Square, London, W.C.

THE CENTRAL MIDWIVES BOARD.

The first meeting of the Central Midwives Board since the autumn recess was held at the offices, Caxton House, S.W., on Thursday, October 8th, Sir Francis Champneys presiding.

Report of Standing Committee.

On the report of the Standing Committee a letter was received from the Clerk of the Council transmitting, for the information of the Board, a translation of Regulations respecting the practice of midwifery in Korea, received from H.M. Ambassador at Tokio, and it was agreed that the Lord President be thanked for his communication.

A letter was received from Miss Llewellyn Davies, General Secretary of the Woman's Co-operative Guild, asking the Board to appoint a representative to join a Deputation to the President of the Local Government Board, in the capacity as such, and as Chairman of the Government Committee for the Relief of Distress, to consider the care of Maternity in time of War.

It was decided to decline the invitation, while sympathizing with any scheme of that nature.

Letters from the Assistant Registrar General for Ireland, with reference to the birth certificate of a candidate for the August Examination, which was found to have been tampered with, from the candidate concerned, and from a second candidate whose certificate had similarly been tampered with were dealt with.

A letter was received from the Secretary of the County Councils' Association, transmitting a copy of a resolution passed by its Executive Council, "That in the opinion of the Council it is desirable that all lying-in homes and institutions, and all houses where women are habitually taken in for their confinement for pay should be registered, and should be subject to inspection by the Local Supervising Authority, under the Midwives Act." It was agreed to acknowledge the communication with thanks.

Letters from four more candidates whose birth certificates were found to have been tampered with were considered. In three cases it was decided not to admit the candidates to the examination; and, in the fourth to put the candidate back till April, 1915.

Applications.

For Removal from the Roll. The applications of nine midwives for removal from the Roll were granted.

For Recognition as Teacher. The applications of the following medical practitioners were granted: Dr. Ernest Cutcliffe Hadley, F.R.C.S.; Dr. James Owen David Wade, F.R.C.S.; Dr. Herbert Clifton Attwood (pro tem); Dr. Charles W. Howe, D.P.H. (pro hac vice).

For Approval to Undertake the Practical Training of Pupils.—The applications of the following midwives were granted: Midwives May Bragg, Jeanna Dawkins, Florence Roshnell, Maud Whittier.

FINANCE.

In connection with the report of the Finance Committee, the Chairman stated that the work of the Penal Board was much more costly, owing to the large increase in the number of penal cases.

Penal Board.

The next meeting of the Board for the consideration of Penal cases will be held on Thursday, November 12th, at 11.30 a.m.

Midwifery Fees to Insured Persons.

At the annual meeting of the subscribers to the Burgess Hill District Nursing and Midwifery Association last week, at which the Rev. Dr. Bonavia-Hunt presided, the Committee reported that the opinion of subscribers was sought in the matter of midwifery fees which had been raised to persons entitled to maternity benefit under the Insurance Acts, as it was found that there was some difference of opinion on the subject. The result was the majority were found to be in favour of making no distinction between patients on the score of insurance, and the original scale of fees was accordingly reverted to.

Take Care of the Mothers and Babies.

One of the ways in which women can help their country at this time was indicated by Miss Amy Hughes, General Superintendent, O.V.J.L., when speaking at the annual meeting of the Huddersfield Victoria Sick Poor Nursing Association. Urging the importance of devoting great attention to maternity work, she asked what would become of England unless the baby babies were looked after for the next generation, now that we were losing so many men? We agree with her that those nurses who remain at home, building up the courage of the people and keeping them strong and well, are doing a great work

The Directors of the Institute for Maternity Nursing of the General Association, 23, Scotia Street, Glasgow, have resolved that the wives of all soldiers and sailors residing in the Cowcadden district shall be attended free of charge.

Thousands of poor homeless people fled to England from Antwerp, and when they arrived food in abundance was brought to the harbour by the women of Folkestone. Among the refugees were several women about to become mothers. Within twenty-four hours an empty house was turned into a home for them, and one baby has already been born. Poor mite, it is lucky in these terrible times to see the light in benevolent old England.
EDITORIAL.

WHO WILL HELP?

All those who have watched the stream of sad faced refugees who are flocking to this country to find protection behind the iron walls of the English Navy must realize with thankfulness that they have been spared the horrors of war which have swept over the fair country of France, and devastated the smiling plains of Belgium. But emotion is vain if it does not result in concentration and action, and those who thrill with sympathy when faced with the tragedy which has befallen the families of many of our brave allies should feel it a debt of honour to help to show these stricken people a warmth of welcome which will help to mitigate the sorrows which have befallen them; moreover the increasing number of refugees makes it incumbent upon every patriot to assist the Government in its enormous task of finding suitable homes for the nation's guests.

The general work of organization is in the hands of the Local Government Board, with which the War Refugees Committee, located in the General Buildings, Aldwych, is working in close touch. This Committee meets the refugees at the boats and trains, registers their names, addresses, and descriptions, and then sends them to the various depots, such as the Alexandra Palace, the Earl's Court Exhibition Buildings, the workhouse infirmaries, such as those of Kensington, Marylebone, and Chelsea, until the Allocation Committee can pass them on in families or larger groups to homes in the country.

At first the Central Committee dealt with individuals, but the work is of such magnitude that it now asks committees in the Provinces to take a considerable number of refugees, and themselves undertake the work of allocation.

The more widely this is known the better, for we believe that there are many people in provincial towns and villages desirous of doing their share in helping the refugees, who would be willing to form committees, to arrange to receive a certain number, and to allocate them to local residents willing to receive them.

Those who are ready to assist in this way are asked to say the number of persons who could be accommodated, the class preferred (a) working class (b) tradesmen (c) educated class, whether provision would be made for (a) lodging (b) food (c) clothing (if necessary) (d) travelling expenses.

The Government is prepared to pay the railway fares of refugees from London to the local centres, and requires that on arrival at the station arranged they shall be met by a representative of the Local Committee. The guard of the train by which the refugees travel is provided with a list of the party, and each individual bears a label on which is written his name and the name of the station to which he is travelling. It says much for the care exercised by the War Refugees Committee, and the cooperating committee that out of all the parties sent from London in only one instance has the party not been met at its destination.

If the number arriving by a particular train is large, arrangements should be made to house and feed them temporarily at a local depot pending allocation.

It will be realized that this is work which can be undertaken by any body of persons who will bring common sense, method and practical ability to bear upon it. It does not need special training, or special heroism; only the sympathetic hand held out to the suffering and sorrowful, and the sympathetic heart which entering into the sorrows of others is able in some degree to comfort and console.

Who will help?
**MEDICAL MATTERS IN FRANCE.**

The special correspondent of the *British Medical Journal* in France has contributed to its pages an exhaustive article on Red Cross work in Paris. From much that is interesting we publish the following notes:

**Tetanus and Gangrene.**

"Two diseases which modern surgery has almost abolished from civil life are to be seen in Paris at the present moment. They are tetanus and emphysematous traumatic gangrene, which is commonly going by the name of 'gas gangrene.' The wildest rumours have been current in regard to both of them, and until the end of the War it will be practically impossible to form any satisfactory estimate of the extent to which they have contributed to the gross mortality. At present the views expressed even by those who are really in a position to form an opinion vary very greatly; each man judges according to his personal experience in his own hospital, or from the figures relating to one or more hospitals which have come under his official or other observation."

"Some seem disposed to see a direct and essential connection between the two diseases, a slight attack of gas gangrene reducing the oxygen contents of the tissues and making it possible for the tetanus bacillus to multiply in the system. . . . Some observers on the other hand assert that the prevalence of tetanus has been purely due to the character of the country in which the greater part of the battles during the past month have been taking place. They assert that the soil of the Aisne Valley has long been well known to contain many more tetanus bacilli than does most soil." "Most satisfactory is the statement that the military authorities both of Great Britain and France seem very fully alive to the needs of the situation. Our own Army Medical Department sent out supplies of anti-tetanic serum at the beginning, which is being very freely used both prophylactically and therapeutically.

"Its use at first was restricted to cases in which tetanus had either already developed, or in which, for some reason or other, its onset was deemed likely, but it is now being used prophylactically in a more general way. An experienced serum worker is stationed at the rail-head, with instructions to give a prophylactic injection to every wounded man, and in order to avoid any case being overlooked, the surgeons lower down the line are directed to inquire as to whether an injection has been made, and if not to make one themselves. At the French hospitals it appears to be the rule now to give a prophylactic injection as soon as a patient arrives. Should any operation be undertaken, a lumbar injection of anti-tetanic serum appears to be part of the ordinary routine.

"The reports as to the therapeutic value of anti-tetanic serum are not very satisfactory, but there is reason to believe that its prophylactic use is of considerable value."

**Gas Gangrene.**

"As for 'gas gangrene,' the impression left upon my mind is that the extent to which this has prevailed has been considerably exaggerated; on the other hand, there is no doubt whatever that a large proportion of wounds are septic. It would be strange if it were otherwise, seeing that shell wounds which commonly cause large breaches of surface predominate, and that many of the men have been wounded while wearing under-clothing which they have not changed for days and weeks, and a large proportion of them after standing or sitting in wet trenches for many hours. Moreover, the fact that there has often been considerable, but inevitable, delay in getting down the wounded from the front to a base hospital may have counted for something. I put things in this way because in the public mind this delay accounts for everything—that is to say, both for tetanus and for gas gangrene. It could not account for tetanus, and it could hardly account entirely either for sepsis or gas gangrene. In any case, I have seen patients whose wounds have healed almost by first intention, though they have assured me that their first-aid bandages were soaked through and through with blood, and remained so for days before they were changed. On the other hand, I have been given an account of a case in which signs of septic infection were noted by a skilled observer as early as ten hours after the receipt of the wound."

**Septic Wounds.**

"In regard to the treatment of ordinary septic wounds, free irrigation appears to be the general rule, while in the case of large breaches of surface treatment by vaporized tincture of iodine appears to be favoured by many. Hydrogen peroxide is also being employed. I have heard of no treatment for gas gangrene which seems to be markedly effective. Driving streams of oxygenated air over the wounds has been proposed, but I have not yet had an opportunity of noting its effect, if any."

Nurses nowadays, thanks to the teaching of Pasteur and Lister, rarely see septic and gangrenous wounds, at one time the terror of surgeons.
STATE REGISTRATION OF NURSES.

THE NURSES' REGISTRATION BILL.

Dr. Chaplin, M.P., has kindly consented to introduce the Nurses' Registration Bill into the House of Commons in the coming Session, which according to present arrangements will be opened by the King in person on November 11th. We would earnestly ask every nurse who really cares for high standards of nursing to write and ask any Member of Parliament with whom she has any influence to ballot for the Bill, and to do it without delay.

"REGISTRATION FEELING."

We are thoroughly glad to find from our correspondence, and from expert criticism, that there is a very strong wave of Registration feeling being aroused amongst well-trained nurses, and sensible women, by the utter lack of effective organization in the nursing profession, resulting in all and sundry going to the front to nurse the sick and wounded, whether efficiently trained and personally suitable for the work or not. The fact is that our soldiers are often at the mercy of people who have neither knowledge nor right to select nurses for their service, and this is more especially the case with the "flying squads" in the little hospitals run by society people, who know absolutely nothing of nursing education, or the value of certificates, and who apparently pin their entire faith on nurses' uniform, to judge from their own widely advertised pictures in the press.

From the present confusion in nursing affairs, two conclusions can be drawn with very little difficulty. (1) That in time of War the War Office should control the nursing of the Empire's defenders on land and sea. To do this needs greater professional influence, expenditure, and elasticity in time of peace; and (2) that Nursing on the same principle as Medicine should be compulsorily standardised by the State through a Nursing Act, just as the quality of medical aid provided to the sick is guaranteed under the Medical Acts. Without this State standard our soldiers and sailors, in their hours of greatest need, may be, and are, in many instances, the sport of the amateur, to the risk of life and limb. If anything will rouse the Government to take steps to protect these brave men when broken in our defence, from the chance of dangerously unskilled handling, it should be the knowledge that at present neither the War Office, nor any other Government Department, has an effective means, such as could be provided by Registration, to prevent it.

A PATRIOTIC DUTY.

It is without doubt the patriotic duty of every well-trained nurse, worth her salt, to be educating the public and Members of Parliament on the importance of this national question of nursing efficiency and educational reform, so that those who are qualified may be granted the distinctive title of "Registered Nurse," and their expert skill readily available by the public without confusion. In War it is of vital importance to the Empire that the quality of medicine and nursing should be of the very best, and hand in hand should, working in close harmony, save every scrap of human mechanism from the wreckage of shot and shell. In the saving of pain, of broken health, of death—nothing short of the very best is good enough for those who gladly give their all for their country's honour.

To this end, the Nurses' Registration Bill will be again, and for the twelfth time, introduced into Parliament in the coming Session, and its promoters are prepared to urge just as strenuously in the future as they have done in the past, that for the benefit of the community the Nursing Profession shall be organized and protected under statutory authority, just as the men's professions are, especially those responsible for standards of National Health.

We know our demand is just, and we shall continue to urge it.

NURSING AND THE WAR.

A meeting of the Grand Council of the Territorial Force Nursing Service of the City and County of London was held at the Mansion House on Monday afternoon, October 24th; the Lady Mayoress, Lady Bowater, presided. An interesting report was received in which it was notified that the four General Hospitals for London were mobilised and in full working order, and that Their Majesties the King and Queen had visited three of the hospitals and expressed their satisfaction with the arrangements for the comfort of the sick and wounded. The special War Committee has received generous support and gifts; the Queen has presented to each hospital a wheel chair, as well as a large number of garments.

The following were elected as officers and Executive Committee for the ensuing year: Chairman, the Lady Mayoress of London; Vice Chair, Lady Dimsdale; Hon. Secretary, Miss Goodhue. The following ladies, having fulfilled the three years' term of service, retired: Miss McCall Anderson, Lady Beachrott, Lady Codrington, Miss Crosby, and Mrs. Dent; and the following were elected to fill the vacancies: Mrs. Bowton, Miss Davies, Miss Amy Hughes, the Hon. Lady Lyttelton, and Lady Mackinnon.
The Grosvenor Hospital for Women had consented to receive any sick Sisters on the nursing staff.

After the usual votes of thanks the meeting terminated.

Unfair to Regular Probationers.

We are informed that there is a good deal of smouldering dissatisfaction amongst the regular probationers in our larger training schools, especially in Dublin, where monthly paying pupils are being admitted, as they consider the innovation unfair and injurious to their training, for which they have been compelled to contract to give three or four years' hard work. One correspondent points out that this arrangement amounts to a breach of contract upon the part of the Board of Management, and we are inclined to think she would be right, that is to say, if they have made any contract with her, which we venture to doubt.

In this connection the British Medical Journal reports that—

"The request of several of the holders of the certificates of the St. John Ambulance Association and of the Red Cross to be allowed to obtain practical experience in the Royal Victoria Hospital, Belfast, has led to a very full and careful consideration of the whole question by the board of management of that institution. The Principal of the Technical Institute of Belfast has also made a similar application on behalf of classes on first aid and nursing which are being held in the institute.

"Great sympathy with the movement is felt by everyone, but it was pointed out that the Royal Victoria Hospital is one of the teaching hospitals in Belfast, and has upward of 150 students in the winter session; in addition there are about 50 probationers. To allow any more raw material in for training would exceed the powers of the responsible heads and tend to lower the standard of attention to the patient. Besides, to allow a number of young women into the hospital in a more or less irresponsible position would put a strain upon its discipline, and these women would when they had obtained their month's or six months' certificates, in many cases arrogate to themselves the title of sick nurse, and by the public would be looked upon as sick nurses, and so the high standard demanded now by the three years' training would be lowered. Would such a short training really equip a woman for active and responsible duty in a hospital where terrific strain is suddenly thrown upon the officers of all classes, or in the field, where the personal initiative and responsibility is so great?

"But the whole discussion seems to be futile in the light of the declaration of the War Office that they will not send any but fully-trained nurses to the front, and that they have a reserve of some 1,500 of such on their list. The British Red Cross also states that the reserve of fully-trained nurses is large. The board of management of the Royal Victoria Hospital, after a most sympathetic discussion of the matter, announced that on account of the difficulties surrounding the question, it could not accede to the request, but agreed that, in case the War Office thought that a serious emergency had arisen demanding the engagement of such a type of trained nurse, it would, along with other authorities, accede to the request."

Why if the War Office has really made such a declaration is it being constantly violated? It is an open secret that numbers of women and girls have been running about near the front both in Belgium and in France, wearing trained nurses' uniforms and assuming great responsibility for which they are not trained. We warmly congratulate the Board of Management of the Royal Victoria Hospital at Belfast upon the unimpeachable position it has adopted.

A Narrow Escape.

The dangers run by our American colleagues on the s.s. Red Cross in their journey across the ocean, to care for the sick and wounded of the belligerent nations of Europe, appear almost incredible. One would suppose that a Red Cross ship carrying doctors and nurses would be free from molestation. Yet the New York American has published a despatch from Mr. Earle Harrison, its special correspondent in Belgium and Holland, making the incredible statement that the former German crew of the ship, which carried 120 nurses and 40 doctors, had deliberately rendered her unserviceable, and likely to sink in any kind of rough weather, or be destroyed by fire should the slightest blaze occur, as all her pumps had been practically destroyed.

This grave charge was supported by an affidavit by the engineers, who certified on oath that "the bilges of the Red Cross ship, formerly the steamship Hamburg, were stuffed with blankets, potato sacks, waste, overalls, china cups, tin platters, old tools of various descriptions, brushes, and other debris in such quantities as to endanger the safety of the ship."

"We also found in the provision room three barrels of debris such as rotten onions, potatoes, cabbage and other food stuff placed there instead of being thrown overboard. We also found in the suction pipe from the provision room a blanket stuffed in the pipe, which prevented us from removing the water from that part of the ship. Forty inches of water had leaked in and accumulated before the obstruction in the pipe was found and removed.

"The German engineers from whom we took over the ship boasted that we would have to put back into New York in three days or less, and that all our meat and supplies would spoil. It was only by the most strenuous exertion on the part of the engineers, which necessitated them being on duty day and night, that we were able to keep the ship afloat."

The First Engineer, in reply to a further question, emphatically declared that "it was nothing short of a criminal effort to prevent the ship from ever reaching port."

Our advice to our American colleagues is that the return journey shall be made on a British ship.
THE ENLISTED CORDIALE.

THE FRENCH FLAG NURSING CORPS.

In the early days of the War thoroughly trained English nurses were offered by Mrs. Bedford Fenwick to various international friends in France, but she was assured that arrangements had been made for the care of the sick and wounded, and every one was in their place. Alas! events have proved that a far greater strain has been put upon the military and municipal authorities, and the Croix Rouge in France than was anticipated, and week after week we have had in the press evidence of reliable eye-witnesses of the terrible sufferings of thousands of French soldiers before death released them on the stricken field, and during their transport to the base hospitals all over France. Who can remain unmoved, or forget their cry, “O mon Dieu, avez pitié de moi,” and not wish to relieve their suffering? No human heart.

Fortunately for France, the splendid international work quietly accomplished during many years past by the Entente Cordiale group will, we hope, bear fruit. The French Minister for War has accepted the offer of help from workers for the Entente Cordiale, and has empowered a small committee to provide a staff of 300 English nurses to be attached to certain prescribed districts in France—it being expressly desired that the nurses shall be women of ripe experience and very reliable character, who will be able to teach and influence for good the infirmes with whom they will have to work. The committee were advised to consult Mrs. Bedford Fenwick, well known in France as Founder of the International Council of Nurses and it has been agreed that the prime mover Miss Grace Ellison, educated and brought up in France, a niece of Sir Thomas Barckley, the great internationalist, and author of that fine work “Thirty Years in France,” shall continue her mission in France, where she has come into personal relations with the wounded and their present needs, and place before the committee a report in connection with the suggested scheme.

We are of opinion that there may be a very useful and self-sacrificing piece of international work to be done by our National Council of Trained Nurses of Great Britain and Ireland, and others, as the organization suggests work in four local districts, seven, five nurses under a trained matron, divided into units of six in each district. We feel sure that many of the Leagues and Societies of nurses which form our National Council will wish to supply a unit, thus working in sympathetic groups, and that there are now many capable volunteers who might in the future take part in the work. We, however, deprecate any undue haste. As soon as a reliable report is to hand from France, we feel sure a band of devoted, thoroughly trained women will be forthcoming through a reliable and accredited source, in spite of difficult conditions and small pay.

The minimum qualification will be a certificate of three years’ training.

Miss Grace Ellison left London for France on Thursday morning, accompanied by Dr. Dundas Grant, personally conducting the first two units, No. 1 in charge of Mrs. Dalrymple (active service South African War), including Miss Lawley and Miss Cole, and No. 2 unit, supplied by the Registered Nurses’ Society, affiliated to the National Council of Trained Nurses, in charge of Sister E. J. Haswell (active service Balkan Wars and Brussels), and Misses Rawlin, Carmichael, Land, Hitchcock, and Gill.

THE BELGIAN WOUNDED.

Thousands of wounded Belgian soldiers were brought to this country after the fall of Antwerp, and on Tuesday in last week the Matron-in-Chief, Miss Becher, with some fifty nurses and doctors, went down to Folkestone to superintend their arrival. Happily many, though terribly weary, were able to walk from the steamers, and were soon housed in the Metropole and other places. After rest, feeding and treatment the majority were drafted to comfortable quarters in London, and to the beautiful hospitals specially provided by patriotic people. All were thankful, but the officers very sad. One poor fellow said, “We have no flag now, no country.” To which a quiet Sister replied, “Oh, they are only hidden by the Union Jack.”

On Tuesday morning the members of the party sent out, with Dr. Rowlands, by Mr. Alfred de Rothschild, which did excellent work in Ambulances in Brussels, returned to London, speaking warmly of the kindness and courtesy shown to them. We regret to learn that one of the party sustained a fracture, from an accident on the homeward journey, and that Miss Wakelin, one of the Red Cross contingent, was seriously ill while in Brussels.

BRITISH ORDER FOR FRENCH NURSE.

The London Gazette makes the following announcement: “The King has been graciously pleased to confer the Decoration of the Royal Red Cross upon Mademoiselle Eugene Antoine, of Vailly-sur-Aisne, in recognition of her courageous and devoted services to the British wounded in hospital at Vailly-sur-Aisne whilst the village was under shell fire.”

October 21, 1914

The British Journal of Nursing.
**AN INTERNATIONAL WELCOME.**

Mrs. Bedford Fenwick, the President of the National Council of Trained Nurses of Great Britain and Ireland, has received the following letter from Miss Violetta Thurstan, dated October 12th, from Copenhagen. It is very happy evidence of the benefit of professional affiliation between the National Councils of Nurses of the world in international friendship. We have no doubt that the Danish Council in giving their charming welcome to British Nurses, had grateful memories of their reception in London at the meeting of the International Council in 1909, when Mrs. Henny Tscherning and a full complement of Danish delegates helped to make the gathering such a splendid success.

**Hotel Cosmopolite, Copenhagen,**

**October 12th.**

Dear Mrs. Fenwick,—I think you will like to know that we have arrived safely in Copenhagen, after an adventurous journey right through Germany. Every British nurse was ordered out of Brussels by the German Governor, though it was full of wounded and they were pressed for nurses. We were put into a military train composed of third class carriages with two soldiers in each. It was a very long journey, it took us thirty hours to go from Brussels to Cologne. The last time I was at Cologne was at the Congress, and I could not help thinking what a contrast it was—then, fêtes, banquets, receptions—welcome on every side; now, a prisoner closely guarded. We did not know in the least where we were going, but at Cologne we were put into another train for Hamburg and then went through the Kiel Canal—very heavily guarded—windows shut and blinds drawn down. How thankful we were to arrive at the Danish frontier you can perhaps imagine, and our joy at seeing all the friendly, smiling faces. Ever since then we have simply had the time of our lives. I have always been glad to belong to the International Council of Nurses, but I never knew till now all it meant. The Secretary, Miss Jessen, called at once and arranged a perfect orgy of enjoyment for us. She and the President have been simply untiring in arranging everything for us. The first day seventy of us went out to the Rigs Hospital, a very beautiful hospital, only four years old, with some of the most charming wards I have ever seen. They gave us tea in the Nurses' Home, and showed us everything, and ended up by presenting us with photographs of the hospital. On Sunday another visit to the Bispelberg Hospital was arranged. The Matron there is one of the delegates who was at Cologne, and speaks English perfectly and took us round and explained everything. The hospital is only one year old and is the only hospital here where everything is under the direct control of one Matron. And everything is done with only one aim in view, and that is absolute efficiency in every detail. I have been over a great many hospitals in my time, but have never before seen anything so perfect. Again, a most beautiful tea was provided for us, and there were some little Union jacks on the table—a charming thought, which touched us very much. It was very interesting to see all the English papers and magazines in the Matron's room. I saw the British Journal of Nursing for the first time for two months.

Today the Danish Council of Nurses arranged a most beautiful reception for us at the Palace Hotel. Dr. Norman-Hansen, the President (Mrs. Tscherning), the Secretary (Miss Jessen), and other members of the Council were there to greet us, and we had most beautiful music, a band, and then violin, and three exquisite solos, and finished by singing English National songs, "Home, Sweet Home," and "Coming Through the Rye." I can't tell you how charming they were to us all. You will be interested in the enclosed poem Dr. Norman-Hansen wrote for us, and of which we all had a copy. He made us a delightful little speech of welcome at the end, and I thanked them all as well as I was able in the name of our party, and of the English National Council of Nurses. We talked over the Cologne Congress afterwards, and they all spoke of you and Miss Breay and wished to be remembered to you when I got back. They are the most delightful people, so kind and
hospital, and I haven’t time now to tell you half of what they have done for us here. I only hope if ever they all come to England we shall be able to repay their goodness in some slight degree.

Yours very sincerely,

VIOLETTA THURSTAN.

A MEMORABLE JOURNEY.

Miss E. J. Haswell, of the Registered Nurses’ Society, who took charge of the party of nurses sent out by the St. John Ambulance Association, returning from Brussels, from Copenhagen till their arrival in London, proved herself an admirable spokesperson, and conducted its relations with the various authorities in the countries through which they passed with courtesy and discretion.

The letter which we publish from Miss Violetta Thurstan describes the journey of the party via Cologne to Copenhagen. It should be stated that the party consisted of some 110 nurses—half of these being the St. John Ambulance contingent and the others belonging to the Red Cross Society and the Rothschild Ambulance (in charge of Dr. Rowlands). The St. John’s party stayed at the Hotel Cosmopolite; and the rest at the Hotel King of Denmark. These arrangements were made by the British Embassy representatives of which met the nurses on their arrival in Copenhagen. Miss Haswell relates that their German Guard were quite courteous throughout the journey, but after they reached the Danish frontier, where the Guard left them, the friendly looks and greetings they received were a delightful change—for while passing through German territory the demeanour of civilians, especially at Hamburg, was at times very hostile.

In Copenhagen the fraternal relations between the nurses affiliated together in the International Council of Nurses were strikingly illustrated. Nothing could exceed the kindness and hospitality shown to the British nurses by Mrs. Tscherning (the President), and the Danish National Council of Nurses. The party arrived in Copenhagen late on the evening of October 6th, and early next morning Miss Jensen (the Hon. Secretary), called at the Cosmopolite Hotel, and invited all the nurses to see the Rigs Hospital— to which they were taken by car by Miss Jensen and Miss Petersen. Here they were received, in the charming Nurses’ Home, by Mrs. Fischerning, the Matrons of the various blocks (there is no Matron-in-Chief)—and a number of the nurses, who all spoke English. Delicious tea and coffee were served, and afterwards they went in small detachments to inspect the hospital, and were much struck by the thoroughness of Danish methods, especially in the children’s block, where not only the number of hot water bottles put into a cot is charted but also their temperature.

The arrangements of the diet kitchen, where the babies’ bottles were cleansed, and the milk and food prepared and sterilized, were, Miss Haswell states, almost perfect; and here, under the supervision of a Sister, the nurses have to take a course in preparing the food.

In the afternoon the same day the party paid a visit to the Bispebjerg Hospital, where they were received by Miss Munck, its very charming Matron. The Hospital, in its own park, resembles a model village—with beautiful walks and picturesque water-lily ponds. It was only opened about a year ago, and the massage block is not yet finished. Subterranean passages connect the various blocks. In the Nurses’ Home a delightful tea was served. Miss Haswell much admired the neat professional uniforms of the nurses—one detail being that they are made with a plain coat sleeve to the elbow, and there turned back with a pointed and stitched cuff of white paper.

On October 12th the party were afforded an opportunity of seeing the famous Finsen Institute, where the principal medical man explained and demonstrated the various treatments given, including Finsen light, X-ray treatment, the application of iodoform and electricity in cases of lupus of the membrane, and light baths in hot sun baths.

On October 14th the St. John Ambulance nurses left Copenhagen at 7 o’clock, when they had a hearty send-off from members of the
Danish National Council of Nurses, and had an interesting journey to Christiania, although in Sweden the looks with which they were regarded were not friendly. At Christiania the party were met at the station by the Consul and his wife, the President of the Norwegian Red Cross Society, and a number of Sisters and other workers, who showed them the greatest kindness, and Miss Haswell on behalf of British nurses, and especially of the St. John Ambulance Association, thanked them for their courtesy and kindness. She also sent a telegram to Queen Maud, acknowledging Norway's splendid reception of the nurses, and at Bergen received a most kind reply from Her Majesty, wishing the party a good journey home, and expressing her regret at not having seen them.

On Saturday the nurses arrived at Newcastle-on-Tyne, from which place Miss Haswell, in their name, telegraphed to Queen Alexandra, notifying their splendid reception in Denmark and Norway, and to the British Minister at Copenhagen, the Hon. Secretary of the Danish National Council of Nurses, and Dr. Onsun, of the Norwegian Red Cross Society, notifying their safe arrival and expressing their thanks for kindness received. Queen Alexandra sent a gracious reply to Miss Haswell at the headquarters of the St. John Ambulance Association in acknowledgment of her telegram.

TO THE BRITISH SURGEONS AND NURSES PASSING THROUGH COPENHAGEN ON THEIR WAY FROM BELGIUM.

Silent we bid you welcome, in silence you answered our greeting—

Because our lips must be closed and your teeth are set against the gale.

Our months are mute; our mists are open—

We shall greet you forever in silence.

Sowers of good will on fields where hate is sown, fare ye well!—C. Norman-Hansen, M.D.

Seventy of the large party of nurses sent out to Brussels under the authority of the Order of St. John of Jerusalem in the middle of August, arrived at King's Cross from the north on Saturday afternoon. Miss Claridge, Mrs. Oliver, and other officials were present to greet them, and Mrs. Bedford Fenwick and Miss Beatrice Cutler also met the train to welcome the international corps sent on the request of Dr. Marcelle, of Brussels. Miss Thurstan having gone to Petrograd from Copenhagen, Sister Haswell, of the R.N.S., was in charge of the whole party, and brought them all well and happy in triumph to London, and thus ended a very historic journey from the seat of war to be long remembered by those who took part in it. On Sunday the contingent of nurses were kindly invited to tea at the Charterhouse Hotel, and having on Monday reported themselves at St. John's Gate, have scattered to various districts, many eager for further active duty.

Miss Thurstan, Miss Wilkinson, and Mrs. Nicholson, accompanied by Miss Greg, have left Copenhagen for Petrograd.

FROM ANTWERP.

Miss E. K. Ward, the Matron of the English Colony Hospital in Antwerp, who with Miss Freshfield refused to leave her Belgian patients, and with the help of "Scotty," the handy man of the hospital, carried them, under fire, to a lighter in the river, estimates very modestly the courage and devotion which called forth the admiration of the Times correspondent. "We only did," she says, "what any other nurse in the city would have done, only the correspondent happened to see and write about it. He doesn't say, either, though he mentioned he was frightened, that he came back twice to help us when he need not have done."

The seventeen patients were removed to the lighter just in time, as the tide was going out, and she lay in the Scheldt all night inside the forts. Ultimately she dropped anchor at Flushing, where a contingent of Red Cross workers came on board. It was explained to the Belgian patients that if they were taken on shore they would become prisoners of war, and to this they agreed. They were then carried ashore to the downtown, where they were laid on the tables usually used for passengers' luggage, and their injuries were quickly and skillfully investigated by the Dutch medical officers. Labels were then attached to each patient, stating the nature of his injuries. According to these they were allotted to various hospitals, those who had bullet wounds being sent to a hospital which had an X-ray apparatus and so forth.

Miss Ward was greatly impressed with the efficiency of the personnel of the Dutch Red Cross—with the quickness, cleanliness and method with which its work was performed. The English chaplain in Antwerp and other residents were, she says, of great assistance to her, working in the hospital as orderlies. The Belgian doctors did their work with great daring and sang froid, and it is interesting to learn that as a dressing, after operation, they used chiefly linen soaked in methylated spirit, pure or diluted.

"Scotty" was invaluable, and its was with the help that she carried the wounded downstairs, tearing that the other nurses might over-exert themselves. Miss Ward is of opinion that the older nurses stand the strain of war work better than the younger ones. "Miss Freshfield and I," she says, "were the oldest of our party, and we stood it better than any of them." She has had previous experience of active service in the South African War, and laughingly tells that at the end of ten months, when she had not been off duty for a day, the General Commanding gave orders that she was to have a week's sick leave. She was feeling particularly fit and well, but Army Orders must be obeyed, so sick leave she had to take. "You won't make a heroine of me, will you?" said Miss Ward, and we replied in the negative, but added that we were afraid she could not help being one.
ON ACTIVE SERVICE.

THE BRITISH RED CROSS SOCIETY.

The 7th unit, which was to have gone to Ostend, was unavoidably held up when the condition of things in the immediate neighbourhood became so serious. It is hoped, however, to send it out to some other place with as little delay as possible.

The 8th unit left on October 10th in two divisions: (a) proceeding to Biarritz, and (b) to Dunard.

The party to Biarritz was composed of the following nurses:—Miss Sophie Oxley (in charge) and the Misses Margaret A. Isaac, Eva Leppingwell, Elizabeth Rogers, Elizabeth A. G. Eaton, Margaret L. Gwiltam.

The party to Dunard was composed of:—Miss Scott-White (in charge) and the Misses M. E. Carey, Lilian A. Carter, Kate Chalker, L. Greeny, E. R. G. Robertson, L. S. Sales, Lilian M. Trotter, Alice Wilcox.

The following nurses proceeded on October 12th and 13th to Clandon in Surrey, to the hospital which Lord and Lady Onslow have arranged there:—Misses Lonne C. Lakin, A. Mackenzie, Lucy McKinley, Florence Price, K. Rennells, Edith Taylor, M. M. Murphy, Emily D. Jones, Lilian Lane, F. H. W. Carver, Eveline Bly, Mabel Simpson, and Miss E. Kelly.

ST. JOHN AMBULANCE ASSOCIATION.

The Irish Nurses' Association.

A corps of trained nurses under St. John Ambulance Association and the British Red Cross is being formed by members of the Irish Nurses' Association, who have obtained certificates for first aid and ambulance work from St. John Ambulance Association.

This Corps is ready to take duty either at home or at the front. Miss Macdonell, R.R.C., has consented to act as Corps Superintendent of the Co. Dublin St John Brigade.

Miss Watson, late Acting-Matron at St. George's Hospital, has been sent to Paris to take charge of all the nurses there, for whom the "Order" is responsible. This will certainly add to their comfort and happiness.

THE REGISTERED NURSES' SOCIETY.

The following members of the Registered Nurses' Society are either on active service or on call:—

Queen Alexandra's Royal Naval Nursing Service Reserve. —Miss Bryan.

Queen Alexandra's Imperial Military Nursing Service Reserve.—Miss L. Wanstall, Miss M. Obee, Miss Cameron, and Miss Custance.

Territorial Force Nursing Service.—Miss A. King, Miss Campion, Miss Law, Miss E. Keen, Miss Dunsford, Miss Jobson, Miss MacCarthy, Miss Denison, Miss Holmes, Miss Cowmeadow, Miss Moore, Miss Simpson, Miss Darling, and Miss D. Foster.

Served in Belgium.—Miss Haswell, Miss Elsie Evans, Miss Edelyn M. Reed, Miss Kemp, and Miss A. Harris.

In France.—Miss Gramshaw, Miss Bow, Miss Rickets, Miss Eburah, Miss Maplebott, Miss E. J. Haswell, Miss Rawlins, Miss Carmichael, Miss Laid, Miss Hitchcock, and Miss Gull.

Many other members are working in private hospitals for the wounded.

NURSING CONTINGENT OF THE CANADIAN EXPEDITIONARY FORCE.

The following contingent of nurses have arrived in England from Canada by H.M.T. 'Franconia' for service with the Canadian Expeditionary Force, and are at present the guests of St. Thomas' Hospital.

NURSING SISTERS No. 1 GENERAL HOSPITAL.

Matron: Miss Margaret Clothilde Macdonald.


Sister Nancy T. Cameron will join in England.

NURSING SISTERS No. 2 GENERAL HOSPITAL.

Matron: Miss Ethel Blanche Rodney A.M.C.


Sister Florence Wylie will join in England.
The Queen’s Canadian Military Hospital, organized by the Canadian War Contingent Association, at Beachborough Park, near Shorncliffe, was speedily placed at the disposal of the Association (of which the Hon. G. H. Perley, M.P., is president), by Sir Arthur and Lady Markham, for use as a base hospital. It is a fine mansion situated in lovely country, overlooking wide expanses of the Sussex Downs, over which sweep fresh sea breezes from the English Channel.

The idea of establishing and maintaining in England, for the period of the War, a Canadian Military Hospital for the use of H.M. Forces, was suggested by the Canada Lodge of Freemasons of London. Finally, it was decided to make it a gift from the Canadian War Contingent Association, as representing Anglo-Canadians; and the Canada Lodge of Freemasons as representing the Masonic Fraternity of the Dominion. The Hospital was formed, offered to the Army Council (through the Queen’s Committee of the Order of St. John of Jerusalem), and after its acceptance, H.M. the Queen graciously granted special permission to use the title, “The Queen’s Canadian Military Hospital.”

The resources of the hospital have been speedily utilised; even before its equipment was complete a telegram was received from the War Office early on the morning of Wednesday in last week asking the authorities to receive a contingent of Belgian soldiers badly wounded in the defence of Antwerp. The boat was met by Mr. Donald Armour, Surgeon-in-Chief, and in the evening they arrived, both officers and men, some of the cases of great gravity, others suffering from exhaustion and requiring chiefly rest, food, and minor surgery and dressings.

There must have been a warmth of welcome to these tired heroes as they entered the beautiful hall, with its wide-set hearth, restful chairs, and harmonious colouring, a very haven of peace after the strenuous days and scenes of carnage in which they bore themselves so nobly. All hands were pressed into the service, and soon, washed and fed, they were resting in comfortable beds in the watchful care of a thoroughly trained and competent nursing staff.

As we announced last week, two eminent Canadians, Sir William Osler, Regius Professor of Medicine in the University of Oxford, and Mr. Donald Armour, F.R.C.S., are respectively physician and surgeon-in-chief. Dr. Fraser is resident medical officer. The Matron, Miss Amy E. MacMahon, of Toronto, was trained at the Johns Hopkins Hospital, Baltimore, where she was one of Miss Nutting’s Assistants, and organised the new children’s department. She has also done pioneer work in Labrador. The nursing staff includes Miss MacInnes and Miss Keating, also trained at the Johns Hopkins Hospital, Miss Mitchell, Miss Pike, and Miss Bryce (Sick Children’s Hospital, Toronto, and the Toronto General and other hospitals), Miss Jackson (Toronto General Hospital), Miss Broderick (St. Luke’s Hospital, Chicago), Miss Squire and Miss Wylie (Royal Victoria Hospital, Montreal), and Miss Wake (Provincial Jubilee Hospital, Victoria, British Columbia). All these nurses were visiting this country on the outbreak of war, and offered their services.

The stately and beautiful house which, by the courtesy of Lady Markham and the Resident
Medical Officer, I had recently the pleasure of visiting, lends itself admirably to its present purpose, most of the rooms now used as wards accommodating five patients comfortably. On each floor a diet kitchen has been arranged.

The medical cases are placed in the top wards. All are charmingly restful and bright, with lovely views over undulating country, and with the sweet, invigorating air straight from the English Channel entering at every window. Structural alterations, made by Sir Arthur and Lady Markham, and suitable equipment, have transformed one of the rooms into an operating theatre meeting all the requirements of modern surgery, with sterilising room attached, and here all through the first night, and far into the next day, operations were performed in quick succession, affording relief to acute conditions, and the best hope of ultimate recovery to many of the patients. Sir Arthur Markham has also presented a most up-to-date X-ray equipment to the hospital.

In one ward hung, in the place of honour, the Belgian flag—that flag which is covered with imperishable hoar-frost on which the children, and children’s children of generations yet unborn will venerate, as they thrill with pride to learn how their forbears dared, fought, and suffered with a gallantry which won the admiration of the world, in order to keep their pledged word.

In the beautiful Cathedral of St. Bavon at Ghent is the pulpit of Truth, the pedestal of which is formed of life-sized figures, representing Time shrinking back from the revelations of Truth. When Truth presents to Time the history of the present strife, the nation which took up its treaties and made war on a country whose neutrality it was pledged to respect, must shrink back abashed, and humble to the dust in utter shame.

In the entrance hall at Beaumont Park those officers who are well enough can read, write, and smoke at will. The dining room is given up to the convalescent soldiers, who seem happy enough in these comfortable quarters.

The bedrooms allotted to the nursing staff open on to a long corridor, and are very convenient for the purpose. Tea, which the writer was hospitably invited to share, was a friendly and informal meal, fresh tea being made in little brown pots by those nurses whom duty kept in the wards for a while, and toast came hot and crisp from the glowing and open fire.

The workmanlike uniform worn by the nurses is of khaki-coloured casement cloth, with Puritan cap, a flat muslin collar meeting the bib of the apron, and cuffs to match turned back over the sleeves, which reach just below the elbow. It is to be completed by a brassard bearing the national emblems, the beaver and the maple leaf.

Outside the hospital, from a flagstaff on a knoll near by flouted the Canadian flag; to the left the downs were bathed in wondrous light. Seeking for the cause, I saw that the sky glowed and burned with a golden radiance of incomparable beauty, varying from pellucid amber to purest orange, till it seemed that the very gates of heaven were set ajar, and some of its splendour had escaped to paint the sky with a splendour which no ruthless enemy could deface.

M. B.

THE "HOSPICE CANADIENNE."

Bordeaux.

The official Gazette in Bordeaux has published a decree authorizing the Minister for War to accept the donation of 220,000 francs from the Canadian Government for the organization and support of a temporary hospital for sick and wounded troops. The establishment will be called the "Hospice Canadienne."
THE CARE OF THE WOUNDED.

The High Commissioner for Australia has received from the British Red Cross Society, Sydney, a donation of £5,000 for the purchase and equipment of motor ambulances for use at the front.

This makes a total of £30,000 subscribed by the youngest branch of the Red Cross Society, in which His Excellency the Governor General and Lady Helen Munro Ferguson are taking a very active interest.

Recently the British Ambassador at Petrograd inaugurated the British Convalescent Nursing Home for wounded Russian soldiers provided by donations and monthly subscriptions from the British community. The establishment contains fifty beds, under the superintendence of an English matron and a committee of British residents.

At Versailles, a correspondent writes, the British Hospital stands in the most beautiful grounds, before the gates of which an admiring French crowd assembles every afternoon to gaze on the "braves Anglais," and talk to them through the railings. Those of the men who are well enough sleep in bags comfortable marquises in the garden. The reception rooms make fine large wards.

During her visit a lot of English illustrated papers had just been delivered, to the great satisfaction of the men, who, of course, have hardly any visitors, and are very glad to receive any English papers, magazines, or books. Indeed, we hear that in all the hospitals for English wounded in France not only the patients but the nurses are delighted to receive papers from home.

Mme. Grouitch, wife of the late Serbian Minister in London, who is now engaged in nursing the Serbian wounded at the front, has sent the following telegram to Dr. Seton-Watson, Hon. Sec. of the Serbian Relief Fund, 22, Berners Street, W.:-

Heartfelt thanks Serbian Relief Committee for noble sympathy and endeavours. People here deeply touched by coming of British Red Cross and Lady Paget's mission. English nurses I brought are doing noble work here. Received with great joy news of the splendid sums being raised in England for sufferers from war, and we pray that if from their abundance something more can be spared for Serbia that you will send us bedding, blankets, pyjamas, dressing gowns, and slippers, for wards, and general hospital stores. Every available building in all the towns near the front has been converted into a hospital, and still wounded must sometimes sleep on floors in corridors and sheds. Surgical supplies running short. Often wounds can only be dressed every third or fourth day for want of bandages and gauze. Surgeons are working 18 hours a day; nurses and local committee are exhausted from strain.

Nurses wishing to volunteer for work in Serbia should apply to Dr. Seton-Watson for information, or to St. John Ambulance Association, St. John's Gate, E.C.

FEVER NURSES' ASSOCIATION.

A meeting of the Executive Committee of the Fever Nurses' Association was held on October 5th at the Eastern Hospital, Homerton.

New Members.

Miss Milne Mitchell, Matron of the Cambridge Sanatorium, was elected a member of the Association.

Period of Training for Fever Nurses.

The following resolution was carried:--"That a notice be sent to all the Fever Nursing Training Schools recognised by the Association, stating that the Association deems it to be most undesirable that nurses in course of General Training should be taken by Fever Hospitals from General Hospitals to gain "fever experience" for periods less than that which has been laid down by the Association as necessary for obtaining the Association's Certificate, namely, one year."

Tuberculosis Nurses.

The following Resolutions were carried:--
(1) "That Tuberculosis be one of the diseases recognised by the Association for purposes of Fever Training."
(2) "That of the total number of beds required for the recognition of a Hospital as a Training School, the proportion allocated to Tuberculosis shall not be more than twenty per cent."
(3) "That no candidate shall be accepted from such a Hospital for examination for the Association's Certificate who has spent more than one-third of her qualifying period in the Tuberculosis Wards."

APPOINTMENTS.

MATRON.

Royal Victoria Nursing Home and Cottage Hospital, South Ascot. Miss Katherine E. Crow has been appointed Matron. She was trained at the Royal Infirmary, Edinburgh, and at the Edinburgh City Fever Hospital; she has been a Sister in a nursing home in Edinburgh, and in the Cottage Hospital, South Ascot, for two and a half years.

SISTER.

St. Mary's Hospital for Women and Children, Plaistow. Miss Hannah Hope has been appointed Sister. She was trained at St. Helen's Hospital, Lancs.; and has recently been Sister at the Royal Infirmary, Blackburn.

West End Hospital for Diseases of the Nervous System. Miss Beatrice Giles has been appointed Sister and Teacher of Electricity and Massage. She was trained at Guy's Hospital, London, and is a certificated masseuse. She has also had experience of private nursing.
HOME SISTER.

Queen's Hospital, Birmingham. Miss Helen Greenhalgh has been appointed Home Sister. She was trained at the London Hospital, and has had one year's experience of private nursing.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss Williamina MacLean has been appointed a Nursing Sister in Queen Alexandra's Military Nursing Service for India.

CHANGES AT STOBHILL HOSPITAL, GLASGOW.

The following Charge Nurses have recently been appointed to the undermentioned positions:

- Miss Hope, interim Matron of the Cockston Sanatorium, Paisley.
- Miss Rathie, Assistant Matron at Larbert Asylum, Stirling.
- Miss Banks, Sister at the Ruchill Fever Hospital, Glasgow.
- Miss Ivins, Assistant Matron, Private Asylum, Perth.
- Miss T. Cook, Sister, of Paulhusis Pavilion, Fever Hospital, Dundee.
- Miss C. Cook, Sister, St. Elizabeth's Home, Glasgow.

The following institutions have taken the probationers who were in training at Stobhill Hospital when it was taken over by the Government for military hospitals: The Duke Street, Oakbank, Barnhill, and Stonevelts Hospitals, the Ruchill Fever Hospital, the Loughton Fever Hospital, and the Ear and Throat Hospital in Glasgow. The Royal Infirmary, Manchester, the Greenock Infirmary, the Paisley Parochial Hospital, and the Hamilton Sanatorium. There are nurses trained at Stobhill Hospital holding Matron's posts far and near, and in America and Canada several Stobhill nurses hold important positions.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Annette Orme is appointed Assistant Supt., Devonshire C.N.A. Miss Orme received General Training at the North Stafford Infirmary, Midwifery Training at Gloucester, and District Training in Liverpool (West Hope). She has since held several appointments under the Institute, including that of Midwife at Three Towns.

Miss Amelia Thompson is appointed Assistant Supt., Bolton.

Miss Frances Cook is appointed to Beckenham; Miss Lilian F. Norwood, to Matby; Miss Mary Thompson, to Skelmersdale (Burnsedge Lodge).

Miss A. Stevens, whose election as a member of the Matrons' Council we reported last week, is a Sister, not Matron, of the First Eastern General Hospital, Cambridge, and Matron of the Huddon Isolation Hospital. Miss E. Newton, of Ipswich, is Matron of the Territorial Hospital.

A large number of soldiers are now in the new Red Cross Hospital at Netley, and Miss Davies (late St. Mary's) and the staff of nurses have them in charge.

NURSING ECHOES.

We regret that none of the papers in our competition this week are suitable for publication or the award of a prize. We can only suppose that nurses are too busy with practical work to be able to devote the necessary consideration to the subject.

American cities are proverbially noisy, and the question of nurses' health on night duty, owing to inability to sleep, from time to time arouses discussions in the States on this question. Adapting old buildings to training school necessities is sometimes impossible, and we are reminded of this every time we pass down Little Britain, and note as we have done for thirty-five years the dirty, mud-bespattered doors and windows of the abutting tenements still considered good enough in which to sleep the nursing staff. But in the building of new hospitals and nursing homes much more attention to detail is required from the architect, usually a man who knows little of the domestic management of such an annexe. Quiet at any cost should be provided for the night-nursing staff, otherwise it is natural the health must suffer; and one aid to this is surely the new indiarubber flooring which has been gifted by the Rubber Growers' Association to several London hospitals recently. Indiarubber flooring might well be adapted to passages and courtyards as an aid to quiet in Nursing Homes.

In connection with these indiarubber floorings, a Sister writes:—"I note the latest in hospital is the indiarubber floor, excellent for cleanliness and quiet; but has anyone realised the additional strain on the nursing staff? Poor swollen, overtired feet will suffer still further from constant walking on such material. It will be interesting if the Matrons of Guy's Hospital, and the Royal Infirmary, Edinburgh, and others will keep an eye on this point, and notify the result." We hope they may do so. We all know how "feet" object to goloshes.

The South African Nursing Record, published at East London, reports progress in the affairs of the Trained Nurses' Association in South Africa, and acknowledges the debt of the profession to Miss J. C. Child, late Superintendent-General of the King Edward Order, at present Matron of the Masern Hospital, who as Hon. President of the International Council of Nurses, "has been indefatigable in her enthusiasm and suggestions."
Miss J. Schwetziger, Matron of the Frere Hospital, East London, has been appointed Chairman of the Provisional Committee, and has also offered to undertake the duties of Honorary Secretary and Treasurer.

Miss Schwetziger was trained at the London Hospital, and like so many others, has become interested in nursing organization, and the fraternal outlook of internationalism as soon as she came into personal touch with the movement.

It has been inevitable that professional organization in South Africa should be slow; the Union is so new, and the distances so vast, but it is also inevitable that the nurses of this great British Confederation of States should co-operate in a National Association, and qualify for affiliation with the trained nurses of the world, in the International Council, as the nurses in all our most progressive Dominions have done.

Miss Dora E. Thompson has been appointed Superintendent in place of the late Miss Isabel McIntyre. Miss D. E. Thompson has been promoted from the ranks of the Corps, which will give wide satisfaction throughout the Service, as it is the first time such promotion has been made.

Those who have followed the good work done by Miss Harriet Fulmer, R.N., when Superintendent of the Visiting Nurses' Association, Chicago, will be sure that she will make a success of the interesting new scheme which she has been called upon to inaugurate and develop in the State of Illinois, U.S.A.

In 1911 the State Federation of Women's Clubs undertook a survey of tuberculosis in the State, the survey in each county being under that of the women's clubs in that county. The principal object was to interest the women in the consumptives of their own locality, in the belief that when they became interested in the consumptive they would become interested in the things which spread consumption. This result was so apparent that the State Tuberculosis Society appointed Miss Fulmer as an extension secretary to crystallize this interest into active effort.

The central idea of Miss Fulmer's plan is to secure community visiting nurses, sometimes to look after an entire county, sometimes after a string of towns located along an inter-urban line. If the nurse looks after a county, the county supervisors are asked to pay a part of her salary. If she looks after a group of towns and villages, the portion of her salary to be paid by the governmental bodies is pro-rated among the towns, and the Councils are asked to appropriate the necessary funds.

As in Chicago, so in this work, Miss Fulmer is enlisting the help of the children, and in Livingston County she has enrolled 3,000 school children in the Livingston Open Air Crusaders. Their rules of membership are:—

1. Sleep with your window open.
2. Have fresh air where you work or play.
3. Breathe through your nose with your mouth closed.
4. Get the rest of your family to do the same.

Along the Fox river a chain of towns has agreed to maintain a Fox river valley visiting nurse. The valley is rapidly becoming a great industrial community, and the people are anxious to prevent the development of the great community sores inevitable wherever a community grows without plan, purpose, or control.

MEMORIAL TO MISS M. E. GASKELL.

At the Ardwick and District Nurses' Home, Plymouth Grove, a marble memorial tablet, which has been erected in the hall to perpetuate the memory of Miss M. E. Gaskell and Miss Julia Gaskell, joint donors of the Home, was recently unveiled by Miss Potter, vice-president of the institution.

The inscription on the tablet is as follows:—

"This tablet is erected by past and present members of the Ardwick Home Committee to the memory of Miss M. E. Gaskell, president from 1889 to 1913, and to Miss Julia B. Gaskell, joint donors of this Home."

Miss Olga Hertz, who succeeded Miss Gaskell as president of the Ardwick Committee, presided. She said that it would be impossible to enumerate the many kind things which Miss Gaskell did for the Home. She was always thinking of the work, and especially of the good of the nurses, who would never forget the kindesses they received from her.

THE PASSING BELL.

We greatly regret to record the death on Saturday, October 17th, at the General Hospital, Birmingham, of its House Governor, Mr. Howard J. Collins. Mr. Collins has held this important position for the last twenty-two years, during which time the removal of the hospital from Summer Lane to the present fine hospital was effected. Besides discharging his many duties as House Governor with great efficiency, Mr. Collins found time to take part in the public life of the city, and was instrumental in founding the Charities' Secretaries' Club. The members of the National Council of Trained Nurses will remember Mr. Collins' great kindness to them at their Annual Conference in Birmingham this year, and will unite with us in offering their sincere sympathy to Mrs. Collins in her bereavement.
TERRITORIAL HOSPITALS IN SCOTLAND.

No. 4. GENERAL HOSPITAL, STOBHILL.

The 4th Territorial Hospital in Scotland, located about nine miles from Edinburgh, was opened on 1st October, 1914, by the City of Edinburgh on the project of the late Lord Provost of Edinburgh, Sir John Hope. The hospital is a large, well-equipped building, with all the comforts and conveniences of a modern hospital.

The hospital is now under the supervision of the Royal Infirmary, Glasgow, and is under the command of the Royal Army Medical Corps. The hospital is staffed by a large number of nurses, including Miss Melrose, Matron, and Miss Ogilvie, Assistant Matron.

The hospital is well-equipped with all the latest medical and surgical equipment, and is capable of treating a large number of patients. The hospital has a large number of patients, including those suffering from wounds, fractures, and burns.

The hospital is well-supplied with all the necessary medical and surgical supplies, and is well-staffed with a large number of nurses, including Miss Melrose, Matron, and Miss Ogilvie, Assistant Matron.

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The hospital is well-equipped with all the latest medical and surgical equipment, and is capable of treating a large number of patients.
Another interesting department is the large store room, with galleries running all round it, from which every conceivable need of the hospital can be supplied.

The nursing staff are very fortunate in their quarters, a cozy bedroom, comfortably furnished, is apportioned to each, and the large and cheerful sitting room is plentifully supplied with easy chairs. The dining-room looked very attractive decorated with bright autumnal flowers, for which the screens dividing the dining and sitting rooms formed an admirable background. The chapel has for the time being been utilised for both purposes.

It was good to know that the soldiers of the King, incapacitated for a time from serving with the Colours, were recovering health and strength under the skilful and tender care they are receiving at Stobhill, in such an invigorating and charming environment.

M. H.

NATIONAL UNION OF TRAINED NURSES.

Nursing Help for Non-Combatants Abroad.

The Society of Friends hopes to send out, under the auspices of the Association des Infirmières Visites de France, trained nurses to work among the inhabitants in the devastated regions of France. The offer of a detachment of doctors, nurses and orderlies for this work has been warmly welcomed by the Authorities in Paris, and as soon as permission has been obtained from the Military Government to enter the zone which is under military control, the expedition will set out.

It will work in close cooperation with the Comité du Secours National, which is sending food and other help into these regions, but the latter had not been able to complete this scheme with any hygienic precautions and seized upon the suggestion to send doctors, nurses, particularly nurses, with great eagerness—the only doubt being expressed whether enough of them could be sent.

The Expedition is providing its own transport and outfit, and though lodging may be possible to obtain in some places, those who go with it must be prepared for anything. They will follow behind the “sweepers up” of the Army and must be prepared to find typhoid and many other miseries which must follow in the train of the fierce battles which have been fought over the ground.

The Association des Infirmières Visites de France, two of whose nurses have been trained by the Q.V.J.I.N. in England, had been doing splendid work in Paris before the war broke out, but as almost all its nurses belonged to the Croix Rouge they had to go as soon as it was mobilized, and there are now hardly any left, none at all in most of the boroughs, and their work is being done by lay people who have no kind of training. Cases of typhoid are already beginning, and as the hospitals are very largely cleared for wounded, the civil population of Paris is likely to come off very badly.

The National Union of Trained Nurses is sending two of its members who are generously giving their services to work for the Association. If funds permit it is hoped to send more help of this kind to Paris, either through the Society of Friends or otherwise. It is left that to help to mitigate the suffering in the homes of the people, perhaps save the lives of some of the children, whether in Paris or in the devastated regions, will show by personal sympathy and contact, the depth and reality of England’s feeling for those who have suffered so much.

Further information on this interesting subject has been received, we regret to say, too late for publication.

THE REFUGEE DEPOT AT EARL’S COURT.

The Local Government Board has done wisely in placing the organisation of the large Depots for Belgian Refugees at the Alexandra Palace, and at Earl’s Court Exhibition Buildings in the hands of the Metropolitan Asylums Board. The Board and its Medical Superintendents and Matrons are accustomed to deal with large numbers, and it takes first-class organisers to introduce discipline and order—both of which are necessary for smooth working and comfort—amongst a heterogeneous crowd, more especially when it is composed of foreigners who do not understand a word of English, and who, after the harrowing experiences of the past weeks, have in a more or less dazed condition taken refuge in this country.

Down at Earl’s Court, Dr. Bruce, Medical Superintendent of the Western Hospital, Fulham, and Miss L. A. Morgan, Matron of the Northern Hospital, Winchmore Hill, are dealing with the problem, and bringing order out of chaos. On Wednesday evening last week the Exhibition closed, on Thursday morning the M.A.B. took possession, and the same evening 450 refugees were admitted. On Sunday night over 1,700 slept there, and on Monday evening 500 more were expected. Imagine receiving, registering, classifying, and making arrangements for bathing, feeding, and sleeping this huge family, in an empty building. The bathing is done at public baths near by, and the able-bodied fed in a large dining-room with rows upon rows of tables.

Of course, amongst such a number there are some, especially children, who need hospital care, and a charming hospital has been arranged in the Garden Club. An oak panelled room with doors wide set on to the garden—where bright flowers are still blooming—and windows screened with fresh muslin curtains, makes an attractive ward. The brown tone of the walls is repeated in the soft coloured rugs on the beds, and the screens which harmonize with both, and the
necessary touch of colour is given by the bright-hued flowers on the tables in the centre. In the cots are little Belgian children—many only babies, with pathetic dark eyes, and tallow hair, some of whom sit up in their beds and refuse to be comforted, and small wonder considering the strange-ness of their surroundings, and that they have been a week on the way. In this ward also are girls, and beyond is one for men, men who lie thoroughly exhausted and tied out, needing sleep and food to enable them to face the battle of life once more.

Close by are the quarters of the Matron and nurses, who are assisted by many willing helpers from the Board's hospitals in their off duty time.

The men sleep in the great amphitheatre. Tier upon tier, row upon row, one sees the mattresses and blankets, which are at least provide warm and comfortable beds for the night till some more permanent home can be found for these poor people. Similar accommodation is provided for the women and children in the theatre.

One of the needs of the moment is for toys. Imagine a great family of children to keep happy and amused and nothing for them to play with. Only—lest some should read these words and hasten to despatch boxes of toys—let them be sure to pay the carriage. Children's clothes too are needed. These refugees have very few possessions, therefore let wardrobes and drawers be overhauled and all good and useful clothing which can be spared be sent to the Earl's Court Depôt at once.

A HUNDRED HINTS FOR RED CROSS WORKERS.

Miss Katherine S. Macqueen, Principal of the Royal College of St. Katherine, so well known in the Nursing world as late Nursing Superintendent for England of the Queen Victoria Jubilee Institute, has issued a booklet, which can be bought for 3d., giving "A Hundred Hints for Red Cross Workers." In the preface Miss Macqueen writes that, "The hints are chiefly the result of personal experience," and under the five sections (1) Personal Preparations, (2) Nursing and First Aid, (3) Ways in which those who are not called out for Hospital work may be useful, (4) Hygiene in the Home, and (5) Help in country places, much wise and pithy advice is given. For instance: "Experience has taught us that there is more sick nursing than surgical work to be done in times of war." "Get your kit ready now. See that it is fresh and spotlessly clean, buttons being sewn on. Look out a pair of suitable shoes; these you have worn for some little time are better than new ones; they should not be too thin. . . . Avoid stockings with a seam down the sole. "Have a reliable watch with a clear face and a second hand."

"Sometimes it happens that one is asked to do things that have no connection with nursing, and which may not have come into the scope of one's knowledge, such as to help a man to make his will. Such little books as "Bravely & Wellcome's Nurses' Diary" give a great deal of useful information in a handy form, will making included."

"Try to be cheerful without being foolish; friendly without being familiar, sympathetic without being fussy."

"If you are set to watch a delirious patient in the absence of a trained nurse, be careful not to turn your back on him. I know of a case in a military hospital in South Africa where a patient suffering from enteric fever jumped out of the window with fatal results."

"Strict economy should be exercised in the use of dressings and drugs. Very special care should be taken about this at present, as there may possibly be some shortage owing to the fact that so many of our drugs come from Germany."

"Surely this is the time to set the house in order if it has not already been done. It is most important for the nation that the general standard of health should be at its highest in time of war, in order:

(1) " That all may be efficient;
(2) " That healthy children may be reared;
(3) " That infectious diseases may be combatted;

(4) " That, if the future brings privation, the body may be in a condition to resist it. . . . Make an onslaught on flies or any insect; rats also where they exist."

This useful little book is published by Christopher, 22, Berners Street, London, W., in a pretty grey cover, printed in red. Red Cross Workers will find it just suited to their needs.

CHECK YOUR GAS BILL ON THE HEARTH.

One of the greatest comforts to a chilly or delicate person is a fire in the bedroom. By its means not only are chills and consequent illness avoided, but the utility of the room and the well-being of its occupant are increased. To a studious or busy person a room to call one's own is one of the greatest of boons, and where a fire is permitted many bedrooms can be used as cozy sitting-rooms also. The difficulties in the past have been first the increased labour, abolished by the use of the gas fire, and secondly the cost of fuel, which in the case of a gas fire has been unknown until the advent of the gas bill. Careful householders have therefore felt compelled to restrict the use of gas fires. Now the unknown has no further terrors, for each individual fire can be checked by a little clockwork contrivance on the hearth, and paying guests and wage-earning members of families can use the gas with comfort, knowing that they can pay for the exact amount consumed.

Since the National Gas Exhibition the makers have been unable to keep pace with the demand for this "Check it on the Hearth," which with other bye-meters, deserves to be much better known than at present.
BOOK OF THE WEEK.

"THE PRICE OF LOVE."

The theatre of this story is kept within a very small compass, and the actors in it never for a moment forget the parts that they have been set to play; also their stage asides never leave us for a moment in any doubt as to their attitude of mind. Arnold Bennett excels in self-analysis; it is marked in his former works, and is a great characteristic of the "Price of Love."

His descriptive powers are great, and he has the great art of investing the humdrum with interest and even romance; the reader is taken into the inner circle, as it were, and becomes one of the family instead of remaining a mere spectator.

Rachel was Mrs. Maldon's "lady companion," quite a recent comer.

The prominent fact about her at the moment was that she wore an apron—a immense blue pinafore apron. On a plain, middle-aged woman, such a pinafore would have been intolerable to the sensitive eye, but on Rachel it had a piquant and perversive air, because she was young with the incomparable unique charm of comely adolescence; a couple of pages is devoted to Rachel lighting the gas and otherwise setting out the room for the evening in accordance with the old-fashioned notions of her employer. We do not find these details tiresome; on the contrary, they are soothing, and we become much interested in the subject of tapers versus matches. The occasion, which opens the tale, proves to be an eventual one. Mrs. Maldon's two nephews are expected to supper. Mr. Batchrew, her trustee, called, and deposited with the old lady bank-notes to the value of nearly a thousand pounds, which, next day, were to be re-invested.

The bank-notes disappeared in the night, and old Mrs. Maldon practically dies from the shock.

We consider it martistic that the two nephews each unknown to the other had shared the booty.

Louis, the good-looking, elegant young son of well, had on several previous occasions had to leave posts on account of failure to distinguish between mine and thine.

The old lady's loss remains a mystery. Louis proceeds to make love to Rachel, who is nothing loath—nay, eager. She was in love with love, not with Louis, as we are assured.

At her first "At Home," she had whispered to herself, "These are my guests; they all treat me with special deference; I am the hostess; I am Mrs. Fores."

She gradually awakens to the weakness of his character.

Julian, who is the better man of the two, confesses to the newly-married pair his share of the theft. Louis, after a severe bicycle accident, does likewise. Though Rachel had subconsciously suspected his share in the transaction, her avowal fills her with cold aversion.

"He thought he was dying, and so he confessed," she reflected, with asperity; "he hadn't even the pluck to go through with what he had begun. Ah! if I had committed a crime and once denied it, I would deny it to my last breath, and no torture should drag it out of me." You see our Rachel was quite pagan. The little touches in her manner of nursing him after this are realistic; as she was but amateur, we may forgive her saying that the bandages must be returned to Mrs. Heath.

She eyed him bitterly in his bandages. Only last night she had been tormented by the fear he might be marked for life. What did it matter if his face were marked for life or not? He would wash his own hands. Rachel yielded to him in this detail with cynical indifference. She put the towel by the bowl, and left him to balance the bowl and keep the soap off the counterpane as best he could.

"I am about done with this basin thing," he said, with all possible dignity.

We must not pass over Mrs. Tams, the charwoman, who was by nature a serf.

"Mrs. Tams drew the gate towards herself and, crushed behind it, curtsied. This curtsy, now almost unknown in the Five Towns, consisted in a momentary shortening of the stature by six inches, and by nothing else. Mrs. Tams had acquired it in her native village, where an earl held fast to that which was good."

Surely, underlying Rachel's apparent independence, there was something of the serf also—for she ends by saying of Louis: "He's mine, and I wouldn't have him altered for the world; I am his wife, I am his."

H. H.

COMING EVENTS.

October 24th.—Great Patriotic Concert, Royal Albert Hall, for the European War Fund. The Order of St. John of Jerusalem in England, Madame Adelina Patti, the Royal Choral Society, the Queen's Hall Orchestra, the Massed Bands of His Majesty's Brigade of Guards. 3 p.m.

October 29th.—Next examination of Central Midwives Board in London and the Provinces.

October 28th.—Meeting of Leicester and Leicestershire Midwives' Association. G.F.S. Rooms, 5, St. Martin's East, Leicester. 3.15 p.m.

WORD FOR THE WEEK.

"Give me Piccadilly."

—A bus-driver under fire at Antwerp.

"I do not see the glory in washing up dishes, my friends, I tell you frankly."

"No, but it is there."—The Isle of Unrest.

"Though the Master's work may make weary feet, yet it leaves the spirit glad."

"Bye-and-bye is always too late."
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 ANOMALOUS POSITION OF THE SUPERINTENDENT NURSE.

To the Editor of The British Journal of Nursing.

Madam,—In face of the revelations made respecting the treatment meted out to the Superintendent Nurse at Barnet, it seems to me that Miss Joseph, as a certified nurse, might well restrict her energies to an endeavour to educate public opinion to alter the "relative positions" of the Superintendent Nurse and the Workhouse Master. These she "fully admits are such as naturally lead themselves to dispute." It scarcely helps the cause of reform for one of our number, though she be a Poor Law Guardian, to whitewash "Boards" generally or to display "an intelligent and helpful interest in the difficulties" of the Workhouse Master. It is not, however, with Board or Master that exception must be taken, but with the system adopted by the Local Government Board. To get this modified we should all bestir ourselves.

Yours faithfully,

Ellen B. Kingsford.

Fallow Corner, Home,

N. Finchley.

To the Editor of The British Journal of Nursing.

Dear Madam,—I was deeply interested in the suggestion made by Miss H. Hawkins in last week's journal, that a Petition to the Local Government Board should be signed by Poor Law Nurses, praying for the redress of the present anomalous position of the Superintendent Nurse, but in talking it over with my colleagues found that there was not one of them who thought it her "business." Let us hope none of them will ever be called upon to fill the humiliating position.

Yours sincerely,

An Infirmary Sister.

[We purposely expressed no editorial opinion on the very sensible proposal made by Miss Henrietta Hawkins, as a practical outcome of the martyrdom of the late Miss Charlotte Phipps, in her letter in these columns last week, and we feel bound to acknowledge that we have not received one letter from any Poor Law Matron, Sister or Nurse offering to support such a Petition. As we are of opinion that all growth comes from within, and that Poor Law Nursing reform should be urged by those in the service of the Local Government Board, we regret we are unable to organise such a Petition. The Poor Law Matrons, also the Superintendent Nurses, have professional Associations, and frankly with their expert knowledge of conditions in Poor Law institutions we consider they are the bodies which should take the initiative. So far the Matrons' Council alone has expressed to the President of the Local Government Board its deep sorrow at the tragic death of Miss Phipps, although we have no doubt the members of every nurses' organisation was much shocked by it. Ed.]

BREACH OF CONTRACT.

To the Editor of The British Journal of Nursing.

Dear Madam,—The nursing profession is such an apathetic body that the very pertinent remarks of the correspondent from Melbourne which appeared last week will not doubt pass in at one ear and out of the other. I allude to what she says as to the future danger of the "Red Cross short cut into the nursing ranks," for there is no doubt that dozens of the girls who have qualified for a "Nursing Certificate" through the Red Cross Society, and who are now being taught practical nursing under thoroughly trained nurses in hospitals for sick and wounded soldiers, will continue to do a little nursing after the war. In this hospital, which according to the regulations under which I contracted to train and serve, I am bound for a term of four years' hard work, but recently a large number of girls have been let loose in the wards, not for the benefit of the patients, but just to pick up a month's experience for their own gratification and benefit. Whilst I clean baths, pans, instruments and other necessary things not strictly clinical nursing, the "warriors" do none of these things and are taught real nursing, although I am bound to say that the majority consider such instruction superfluous. I consider this a distinct breach of faith, if not of contract, upon the part of the Board of Management and the Matron. I include the Matron because in a neighbouring Infirmary the Matron has told the Committee she cannot be responsible for the nursing discipline, unless the regulations for nurse training are adhered to, and they have been.

Yours truly,

A Tooth for a Tooth.

[We have alluded to this letter in another column. We must discourage short cuts to private nursing.—Ed.]

NOTICE.

In our Letters from the Front last week from Miss Eden, the sentence "They are converted taxis" should read "They are converted Fords."

OUR PRIZE COMPETITION.

Questions.

October 31st. — Describe the different classes of fractures, and the dangers to be guarded against.

November 7th. — Say what you know about Typhus Fever, and how it should be nursed.

November 14th. — How should Cholera patients be nursed?
AORTA COMPRESSION APPARATUS.

A new apparatus for instrumental compression of the aorta abdominialis, suitable especially for hospitals in obstetrical work, has been designed by Professor Gauss of the University Hospital, Freiburg, and is shown in *The Modern Hospital*, from which we reproduce it. This apparatus is to take the place of Momburg's rubber tubes and other bandages of similar nature. It is considered by some authorities that the instrumental compression of the aorta abdominialis affords a safe and effective method of stopping hemorrhage after childbirth, in contrast to the Momburg method of employing a rubber tube, which involves complete binding of the lower part of the body.

The application of this apparatus is confined to an isolated compression of the aorta abdominialis immediately above its division into the two iliac communis. This type of compression is further considered preferable to the Momburg method in view of the delicate and consequently protective regulation of pressure which can be produced. It is stated that injury to the heart, intestines, and bladder are practically impossible. The apparatus should therefore prove of considerable value.

ANTE-NATAL TREATMENT.

Dr. Amand Routh, in a letter in the professional press draws attention to the scheme of the Local Government Board as regards Maternity and Child Welfare, to which we have already alluded in this journal under which arrangements are to be made for: (1) efficient ante-natal advice and treatment by ante-natal clinics, home visiting, and pre-maternity beds or wards; (2) skilled attendance upon women during their confinements, and expert hospital treatment for parturient women with contracted pelvis and other abnormalities or diseases; and (3) for treatment of mother and child after parturition, and subsequent systematic advice and treatment for infants and older children at suitable clinics or dispensaries, and by home visiting.

In connection with the grants in aid to be made by the Local Government Board and the Board of Education, Dr. Routh sees no reason why a hospital should not apply for a grant in aid of the expenses involved in the formation or extension of a definite ante-natal clinic and laboratory with pre-maternity beds.

Pregnant women in the general wards or in other out-patient departments of the hospital, with varied medical or surgical complications, could be notified to or transferred to the ante-natal clinic, and a great mass of useful knowledge thus obtained.

THE TRAINING OF SICK ROOM HELPS.

The training of Sick Room Helps, to take the place of the sick mother in the home, is a scheme which is being promoted by the Central Committee on Women's Employment, in connection with the Queen's "Work for Women" Fund. As an initial experiment, twenty-five unemployed women are to be trained immediately in the duties of Sick Room Help by the Plaslow Maternity Charity. These women will do the housework and the family washing, and look after the children. They will arrive at the home in time to make the breakfast, get the children ready for school, and remain till they have been put to bed. Women accustomed to domestic work will be chosen for training, and placed in the homes by a Supervisor. They will be under the direction of a trained nurse. If the experiment proves successful, it will be extended to other districts. The scheme appears a practical and useful one.
A QUESTION OF VITAL IMPORTANCE TO OUR SICK AND WOUNDED.

We have received the following letter from a member of the League of St. Bartholomew's Hospital Nurses:

"May I as a certificated St. Bartholomew's Hospital nurse, after four years' training and service, draw your attention to the following paragraph which appeared, with a photograph of the lady in question, in the City Press on October 24th last. For some weeks past a number of Red Cross girls have been "learning nursing," each for a month or so, in St. Bartholomew's Hospital, on the pretext that they were to act merely as probationers under the direction of trained nurses at home. The cutting I enclose discloses their real object. It is most unfair to our probationers, and a scandal to such an inefficient standard of nursing should be offered to our soldiers at the front. Hoping something may be done to wake up the War Office as to its duty in this connection."

The paragraph enclosed runs as follows:

A RED CROSS NURSE.

"Miss Woodrow (daughter of Mr. T. J. Woodrow, secretary of the City of London Conservative and Unionist Association) left London on Monday for France for immediate service as a Red Cross nurse under the direction of the British War Office. For several years Miss Woodrow has been studying for this kind of work. Since the outbreak of the War she has attended, with the officers of her detachment (No. 146), at Devonshire House, and has gone through a nursing course in the wards of St. Bartholomew's Hospital, where she was complimented by the Matron on leaving. Later she spent three weeks in the casualty and surgical ward of St. Mary's Hospital, Paddington, having in the interval been inoculated for enteric. She left London for Paris at very short notice, travelling by way of Newhaven and Dieppe. The idea of the Red Cross officials seems to be that rest stations for the wounded shall be arranged at various places near the rear of the Anglo-French forces, where cases can be temporarily attended to before being transferred to the base hospitals."

The following statements appear in the British Medical Journal, dated October 24th:

"Sir Frederick Treves informs us that rumours are abroad that sick and wounded British soldiers are being nursed by unqualified nurses, and he emphatically repeats that no women are engaged by the Red Cross Society as nurses except those who are fully trained hospital nurses with a three years' certificate."

The following letter emphasising this point has been received by the Medical Secretary of the British Medical Association:

British Red Cross Society,
84, Pall Mall, London, S.W.
October 15th, 1914.

Sir,—It has been brought to the notice of the Committee of the British Red Cross Society that doctors in various parts of the country are complaining that wounded soldiers are, as they allege, being nursed by members of Voluntary Aid Detachments who are not fully trained and certificated nurses.

On behalf of this Society I desire to point out that no offer of hospital accommodation which has been submitted to us, and has been approved of by the military authorities, is ever accepted unless fully trained and certificated nurses are in charge. In these hospitals the services of Voluntary Aid Detachments are utilised as probationers, cooks, and in other general ways.

If hospitals are started and utilised by the military authorities without reference to this Society, the doctor who is asked to take medical charge should, if he finds lack of skilled nurses, apply to the authority responsible for starting such a hospital.

I may mention that we have upon our books the names of some 1,500 trained and fully certificated nurses whose services could be called upon at any time in case of need, and without expense to the hospitals for which they are required.

I am, yours obediently,

ARTHUR STANLEY,
Chairman of Executive Committee.

We have also received complaints from various sources that both at the Front and at home untrained nurses are nursing our
soldiers, and we would urge upon the Army Medical Department of the War Office, which is primarily responsible for the health and care of our sick and wounded soldiers, to at once compile statistics of the nursing personnel on active service at home and abroad—in every institution in which our soldiers are being nursed. If the Secretary of State for War desires further information on this vital question, we have no doubt a Deputation of Trained Nurses will be pleased to wait upon him in this connection.

OUR PRIZE COMPETITION.

DESCRIBE THE DIFFERENT CLASSES OF FRACTURES AND THE DANGERS TO BE GUARDED AGAINST.

We have pleasure in awarding the prize this week to Miss Mary Robinson, West London Hospital, Hammersmith, London, W.

PRIZE PAPER:

Fractures may be divided into five different classes, i.e.:

SIMPLE.

1. Greenstick fracture, which only occurs in children under eight or nine years of age; the bones, being cartilaginous, bend, and can be gently splinted back to their normal position.

2. The impacted fracture, where one end of the broken bone is driven into another. This generally occurs when the end of a bone is fractured—e.g., the humerus may be driven into the glenoid cavity; usually in old people.

3. The comminuted fracture, when a bone is broken in several places.

4. The complicated fracture, when there is injury to surrounding structures, or to an organ—e.g., a fractured rib driven into a lung, or a fractured pelvis may perforate the abdominal cavity, or bladder.

COMPOUND.

5. The compound fracture, when the broken ends of bone are in communication with the air.

The dangers to be guarded against are in diagnosing and in treatment. In diagnosing, the four chief signs should be carefully looked for, if there is any doubt:

(a) Pain. The characteristic pain of a fracture is a distinctly "burning pain," which differs entirely from the "sickening pain" of a dislocation.

(b) Deformity. This is sometimes very subtle; it can often be made out before swelling appears, but may be very difficult afterwards.

Shortening may be found by measuring with the corresponding limb.

(c) Unreal Mobility. This is marked in fractures. In dislocations it is very much impaired.

(d) Bruising of the surrounding tissues; this is a very important feature in diagnosis.

I have not included crepitus as a help in diagnosing because we are taught by one of the first surgeons of the day that it should never be felt for, owing to the injury which may be caused to surrounding tissues, and in these days of X-rays it is an unnecessary risk.

In moving a patient with a fractured limb great care should be taken to protect and support the limb, both above and below the injury.

With any type of simple fracture—except greenstick—there is always the possibility of the broken ends of bone perforating the skin, thus making a simple fracture into a compound.

The great danger of a compound fracture is that of sepsis, and every care should be taken to guard against all infection until proper treatment can be applied.

In extending fractures, careful weighting and attention to skin are necessary.

Splints may cause much damage unless carefully applied, and of suitable length to fix the limb above and below the seat of injury. These should be taken off every day, and the limb carefully massaged.

Attention must be given to the skin, to the circulation, and especially to see there is no pressure on a nerve, particularly when a fixed apparatus is used—plaster, moulded splints, &c.

Crutches should be carefully chosen and padded; a bad pair will cause paralysis of the musculospir.l nerve, resulting in "wrist drop." "Foot drop" is another danger to be guarded against in the treatment of fractures.

Hypostatic pneumonia is not an uncommon complication in old people when confined to bed with a fracture, and this must be guarded against at all cost.

Bedsores, the ever-present danger, can only be guarded against by constant attention to all parts likely to be affected.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss I. M. Mate, Miss E. F. Mason, Miss G. A. Johnson, Miss D. Maton, Miss Grace Nash, Miss S. Simpson, Miss F. Sheppard, Miss A. Phipps, Miss D. Vine, Miss G. Tatham, Miss C. G. Cheatley, Miss N. MacKcown.

QUESTION FOR NEXT WEEK.

Say what you know about typhus fever, and how it should be nursed.
NEUROSES AND THE PREVALENCE
OF SPIROCHAETÆ. ARE THEY
CONNECTED?

Nervous affections of all classes and degrees
are commoner to-day than they were, say,
twenty years ago. And with the increased
prevalence of this form of disease we quite
naturally find an increasing amount of study
and research devoted to this particular subject.
It is in the bacteriological laboratory that some
of the most interesting, and apparently signifi-
cant, facts have been discovered. Research
work on the general prevalence of spirochetal
infections in patients who may not be obviously
suffering from venereal disease has led certain
workers in bacteriology to systematically ex-
amine the blood of all patients with a history
of an unstable nervous system, or the origin
of whose ill-health appears obscure. The
results of these researches can only be de-
scribed as astonishing. Spirochaetes, differing
in no way from the typical form known as
"pallida" (which has hitherto been considered
almost diagnostic of syphilis), are found in a
very large percentage of cases. These
spirochaetes can be easily observed under the
ultra-microscope in an actively motile condi-
tion.

Cultures are easily grown on elective-agar.
Rabbits inoculated with these pure cultures
develop a gummatous tumour with soft caseous
contents; or, with cultures of greater
virulence, a chancre, containing numerous
spirochaetae pallidae, as well as atypical forms,
is formed. These spirochaetes are invariably
found in all cases where the Wassermann Re-
action is positive; and in cases where the
W. R. is negative Carl Spengler’s method of
examination usually reveals spirochaetes. What
Spengler calls körner (or granules) and oxidea
are also frequently observable in specimens of
blood, sputum, cerebro-spinal fluid, &c., treated
according to his methods.

In this country the researches of Dr. Mott,
amongst others, must be mentioned as confirm-
ing the fact that syphilis is a very common
cause of mental and nervous derangement. In
his Cavendish Lecture Dr. Mott states that
spirochaete have been found in 60 per cent. of
the brains of persons dying from general
paralysis, and that in many of these brains the
spirochaetae were more numerous than in the
lesions of the primary sore. In cases of Tabes,
Dr. Mott says the cerebro-spinal fluid gives a
positive reaction in 75 per cent. of the cases.
Between general paralysis of the insane and
"border line" cases of active origin is a
wide gulf, but the predisposing cause appears
the same—i.e., spirochaetic infection, heredi-
tary or acquired. It is well known that chil-
dren suffering from congenital syphilis are
liable to have all kinds of nervous diseases;
suffer from nervous instability, in short.
If in course of time such children themselves
become parents, is it not highly probable that
the toxins of the syphilitic infection will per-
sist, and cause various neuroses of the off-
spring? That syphilis is one of the most per-
sistent "race poisons" no one can deny, and
it seems hardly a matter for surprise to find
spirochaetes so frequently present in patients
suffering from degenerate and unstable nervous
systems. The fact that these cases improve
under treatment with a spirochetic I.K.
appears significant.

I.K., it may be noted, merely means Immuni-
seum, or Immune Substances. It is a highly
diluted, slightly acidified preparation of blood,
rich in the anti-bodies or immune substances
of the particular disease which it is designed to
treat.

Whether the presence of numerous spiro-
chaetes in these nerve cases, and their subse-
quently improvement under treatment with
spirochetic I.K., may be taken as diagnostic
of latent syphilis, or as a mere coincidence,
time alone can prove.

Gladys Tatham.

EPIDEMIC GONORRHEA IN HOSPITALS.

In view of the seriousness of this problem,
the department of health in New York City
inaugurated several years ago bacteriological
and clinical investigations to determine, as far
as possible, the prevalence of gonorrhæa and
to inaugurate measures to prevent its spread
through the wards. The following routine is
now observed in the hospitals of the depart-
ment of health:

Material for bacteriological examination is
taken from every female patient on admission
to the hospital, and sent to the research labora-
tory of the department of health, from which a
written report is made to the resident physician
on the following day. Patients without clinical
evidence of the disease are immediately sent to
"clean" wards, others to "observation" wards, to await the result of the laboratory
examination. If the latter shows the undoubted
presence of the disease, the patients are im-
mediately transferred to special wards for infected
cases, to remain during their entire stay in the
hospital. Observation cases are frequently found to have the disease in the latent form, and for this reason they are also kept throughout their stay in the wards separate from the undoubted cases, and also from the uninfected cases. Those cases in which a latent form of the disease lights up are immediately transferred to the infected wards, as are also those who develop the disease in the hospital.

THE SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

A Meeting of the Executive Committee of the above Society was held at 431, Oxford Street, London, W., on Thursday, October 22nd, Mrs. Bedford Fenwick in the chair.

Miss Breay, the Hon. Secretary, presented a Report, which was adopted, which gave a précis of the work done during the past three months, and the result of the resolutions passed at the Annual Meeting.

How best to further the interests of the Nurses' Registration Bill was considered. The President reported that she found that several matrons objected to the constitution of the proposed Nursing Council, as they considered the matrons should not be directly elected, but should hold office in respect of their official positions. This, of course, would result in a bureaucracy entirely opposed to the democratic tendency of the age, and cut at the principle of professional self-government for the Nursing Profession. Others desired to see a great increase of matrons on the Governing Body, on the elective basis, and one matron expressed the opinion that every matron should sit by right on the Council. Several matrons considered there were too many medical representatives on the Council. In the opinion of the President, direct representation of the whole profession was obligatory, if a just and progressive policy was to be pursued.

The present Bill provided for a certain number of matrons to be elected by their peers, and there was little doubt that busy working nurses would elect those of their number holding representative positions in several branches of nursing. It must be borne in mind that the nursing profession was extending its influence so widely outside the hospital that all these interests, mainly for the social welfare of the people, would require consideration. But because the constitution of the Nursing Council was not to the taste of all, that was no reason for the unsympathetic obstruction by which many persons in power over nurses, had for years deprived the Nursing Profession in this country of legal status and honourable recognition and protection by the State, a policy which contrasted very unfavourably with the generous and untruing support given by their Superintendents to the nurses in their legitimate demands in so many other parts of the world.

It was decided to take certain steps to advance the interests of the Nurses' Registration Bill, which Dr. Chapple had kindly consented to again introduce into the House of Commons.

New Members.

The following sixty-one applicants were elected as members:—

3464. Miss C. M. Spinney, cert., Norfolk and Norwich Hospital.
3465. Miss N. Jones, cert., Taunton and Somerset Hospital.
3466. Mrs. M. M. Sikes, tr. St. Thomas's Hospital.
3470. Miss E. W. Lee, cert., Taunton and Somerset Hospital.
3471. Miss M. L. Oakey, cert., General Hospital, Birmingham.
3472. Miss K. Rishworth, cert., Victoria Hospital, Keighley.
3473. Miss M. Pratt, cert., Western Infirmary, Glasgow.
3474. Miss W. A. Huntley, cert., Taunton and Somerset Hospital.
3475. Miss E. Pullman, cert., Lewisham Infirmary.
3476. Miss F. A. Edmonds, cert., General Hospital, Birmingham.
3477. Miss M. A. Taylor, cert., Mirfield Memorial Hospital.
3478. Miss A. E. Hogg, cert., Royal Free Hospital.
3479. Miss H. Robinson, cert., Charlton Union Infirmary, Manchester.
3480. Miss M. Smith, cert., North Ormesby Hospital, Middlesbrough.
3481. Miss M. B. Brockopp, cert., General Hospital, Birmingham.
3482. Miss M. S. Brandreth, cert., Liverpool Royal Infirmary.
3483. Miss K. Bash, cert., Selby Oak Infirmary.
3484. Miss M. Mitchell, cert., Taunton and Somerset Hospital.
3485. Miss K. Blenkarn, cert., Guy's Hospital.
3486. Miss L. L. Allen, cert., Taunton and Somerset Hospital.
3487. Miss F. K. Willetts, cert., Middlesex Hospital.
3488. Miss L. Brand, cert., Royal Free Hospital.
3489. Miss M. Cullen, cert., Royal Free Hospital.
3490. Miss L. Stafford, cert., Brownlow Hill Infirmary, Liverpool.
3491. Miss B. H. Allen, cert., Prince of Wales's Hospital, Tottenham.
3492. Miss L. K. King, cert., St. Giles' Infirmary.
3493. Miss I. Thompson, cert., Cleveland Street Infirmary.
NURSING AND THE WAR.

NURSES' UNIFORM ON ARMY SERVICE.

One thing which requires immediate consideration upon the part of those responsible for sending nurses to the Front is the nurses' uniform. This important matter in the present crisis has been entirely overlooked, greatly to the disadvantage of the nurses. We have watched nurses come and go abroad, and have been shocked at the lack of uniformity in their appearance. Moreover, in many instances shabby, untidy garments have been worn, calculated to give a very bad impression of our standard of dressing so far as clothing is concerned.

The American Red Cross Society issued the following orders to the Corps of Nurses sent to Europe on active service:—

EQUIPMENT FOR AMERICAN RED CROSS NURSES FOR FOREIGN SERVICE.

Carry a sufficient supply of clothing for a month or six weeks in light-weight suit case or telescope bag. A canvas bag will be supplied to each nurse by the Red Cross in which additional clothing may be taken. To avoid loss these bags will be plainly marked "American Red Cross" and no other luggage except such as can be carried by the nurse will be allowed. These bags will be distributed by local committees.

All articles and clothing, including shoes and travelling bag are to be plainly marked with owner's full name.

The following articles will be furnished by the Red Cross free of charge to nurses assigned to European service: six grey chambray uniforms, twelve white aprons, six collars, four caps, brassard, uniform cape, uniform hat, wool sweater, work, shoe and laundry bags, steamer rug.

EQUIPMENT TO BE SUPPLIED BY NURSE.

Plain travelling suit with two or three short-waists; rubbers, raincoat and umbrella; black high shoes, or four-eyelet ties should be worn, with low heels and broad soles; warm underwear, not more than four suits; three coloured cotton petticoats; four corset covers, preferably cotton crépe; three or four nightgowns, preferably outing-flannel; warm dressing gown and bedroom slippers; one small bath towel and two hand towels; extra pair of corsets; extra pair of shoes: roll of absorbent gauze and roll of absorbent cotton from which sanitary napkins may be made; box of foot powder; cake of Dr. Johnson's foot soap; box of small round corn plasters or small roll of adhesive plaster from which corn plaster may be cut; cold cream; simple cathartic, such as cascara; individual drinking cup; hypodermic set; two thermometers (clinical); bandage scissors.

If glasses are worn, an additional pair should be taken.

As a matter of protection nurses will be expected to wear their uniform on shipboard, and so far as can be determined at all other times while
serving under the Red Cross in Europe. It will, therefore, be unnecessary for them to take any gowns except those indicated in the above instructions.

**The Canadian Contingent.**

The hundred Canadian Nurses who practically form a section of the Canadian Expeditionary Force, have not yet been assigned definite duty. They are the guests of St. Thomas' Hospital, and entertained in the Nurses' Home, where the probationers and others have most willingly given up their rooms. At present some of the Canadians are helping to nurse the wounded at St. Thomas', and are also having an enjoyable time visiting our splendid old London, its hospitals and wonders. One day they were to tea at St. Bartholomew's; they visited the grounds of Buckingham Palace and inspected the Royal Mews on Monday.

**The Welsh Hospital, Netley.**

The Welsh Hospital, situated at Netley, is opened this week, for which thousands of pounds have been generously subscribed by the Welsh people. The Commanding Officer and Senior Surgeon is Lieut.-Colonel A. W. Sheen, M.S., F.R.C.S., R.A.M.C. (T.), Surgeon to King Edward VII's Hospital, Cardiff, and Consulting Surgeon to several other hospitals; who served in the Boer War as Surgeon to the Imperial Yeomanry Field Hospital.

The following compose the nursing staff:—

*Matron.—* Miss M. Martin, London, was trained at the Middlesex Hospital, and was at one time a Sister at the Cardiff Infirmary; served in the Boer War as a Nursing Sister in the Welsh Hospital, and is now the head of a large nursing home in London.

*Nursing Sisters.—* Misses E. Alward (King Edward VII's Hospital, Cardiff), M. G. Brenner (King Edward VII's Hospital, Cardiff), F. A. Cheetham (King Edward VI's Hospital, Cardiff), Matron, Bluma and District Hospital; E. C. Evans (General Hospital, Birmingham), Matron, Aberystwyth Infirmary; M. Griffiths (Royal Southern Hospital, Liverpool), H. E. H. Harold (Wolverhampton and Staffs General Hospital). A. King (Leeds General Infirmary), K. C. Morgan (General Hospital, Birmingham), B. Wadhams (King Edward VII's Hospital, Cardiff), M. Welsh (Royal Waterloo Hospital, London).

*Housekeeper.—* Mrs. A. W. Sheen, lady chambermaid and commandant Volunteer Aid Detachment British Red Cross Society, Glam.

The Matron of the Ripley Cottage Hospital, Nurse Holford, has left for a military hospital in Sheffield. A sister of Nurse Holford, who was recently appointed to the Matronship of the Ashby-de-la-Zouch Cottage Hospital, has relieved her, and the Ripley Governors are asking the Ashby authorities to allow her to remain until her sister's return.

A large new establishment for the reception of refugees has just been opened at Carrington House, Depford, and Miss Ravenor, a sister at Che'sea Infirmary, is acting as Matron. Miss Barton has also supplied nurses. The House can accommodate 8oo. Nurses engaged in the care of refugees are doing invaluable work at the present time.

At the Earl's Court Depôt for Refugees, with hospital attached, the following Metropolitan Asylums Board nurses, working under the matron, Miss L. A. Morgan, are now on duty:—Misses Cottrell, N. Creek, Barchell, Sagui, Kenyon, Waugh, Goldberg, Lockeyear, Katherine Browne, Beatrice Browne, A. Turner, Hughes, and M. Shaw.

Dr. Barne Lambert is in charge of the work of the Almicer Coat Massage Corps, which numbers 300 members; and under the direction of Surgeon-General Sir Arthur Sloggett, is working in military and territorial hospitals. The treatment of fractures by massage is now widely practised, and no doubt the services of the Corps will be in much demand. We regret to note that voluntary service is expected, as this should not be exacted from bodies of working wage earners like massesses and nurses.

The Red Cross doctors and nurses who left Brussels with the St. John Ambulance nurses, and those sent out by Mr. Alfred de Rothschild, travelling with them as far as Copenhagen, where they parted company, arrived in London on Saturday night. They related that after the German occupation of Brussels they were made prisoners of war, they were accused of counting the number of trains from their Ambulance at Scarbeck, near Brussels. One of the party was also accused of being a spy and was court-martialled and imprisoned, when he had the harrowing experience of seeing a Belgian and a Frenchman led out from the cell next to him to be shot.

At a meeting at the Liverpool Exchange News Rooms on October 25th, when Captain A. E. Powell, R.E., and Mr. Herbert Brown appealed for aid for the establishment of base hospitals in France. Captain Powell said that Dr. Haden Guest had lately been in France, and through the facilities afforded him by the French and British Governments he had been able to get into close touch with the existing arrangements for the care of the wounded. He had started three hospitals, and in a few more days hoped to have six more working. The number of wounded was enormous. Every town was full of wounded men, every available building being utilized. There was a very great shortage of everything necessary, and still more distressing, a great shortage of doctors, nurses and medical stores. Many of the operations were performed without anaesthetics, no chloroform being obtainable. Dr. Guest had seen truck loads of wounded, and no doctors or nurses to attend to them. Some were in a terrible condition from gangrene.
NEWS FROM THE FRONT.

FROM ANTWERP.

The party of six nurses despatched to Antwerp by the St. John Ambulance Association, at the request of the British Minister, on Tuesday, September 15th, which included Miss A. M. Harris (of the Registered Nurses' Society), and Miss Lawless (of the Catholic Women's League), travelled by boat from Tilbury to Antwerp, and landed the following Thursday morning.

Miss Harris and Miss Lawless were assigned to a ward of fifty-four beds, in Ambulance 52, at the German Club, where they worked under Dr. Albert Jacobs and Dr. De Bom. Miss Harris speaks with gratitude of the great help which they received from the ladies of the Belgian Red Cross—who willingly did probationer's work, and rendered them invaluable assistance.

One arrangement seemed to Miss Harris admirable—none of the dressings were done in the ward, but in the "salle de pansemens," specially devoted to this purpose. Nearly all the cases were surgical, though many also had rheumatic pains, and what they termed "mal au reins," from getting damp in the trenches. By Dr. Jacobs' order, all patients were encouraged to drink freely—water, lime water, and other fluids—in order to wash the poison of the trenches out of their systems.

On Wednesday, October 7th, there were rumours of a German attack, but no one seriously thought that the bombardment of the city was imminent; however, at midnight, that night, the first bomb fell, near Ambulance 52. Thereafter, shells came through the night at regular intervals of seven minutes, and later at somewhat longer intervals.

When the bombardment began, the Sisters realized the danger of their patients, and promptly took them down to the cellar or cave, as it was called there—one of the convalescent patients giving the greatest assistance in the removal of the patients and generally throughout the night.

Then Miss Harris endeavoured to get instructions as to what was to be done with her fifty-four wounded patients, and was told to remain at the Ambulance till the morning, when stretchers would be sent for the worst cases. Later, the Director and the Etat Major, on being applied to, expressed the opinion that the night thing to do was to leave the city; and at seven o'clock the little party of nurses and patients, some of them very seriously ill, passed out of the hospital into the streets, where the deadly German shells were dropping. They went first to the Gare du Sud, only to find that no trains were running; then to the Gare du Nord, with no better success. Then they met a Commandant, who advised them to go to the Place de Meir and over the bridge. Upon Miss Harris, asking for a "room for the wounded," the people allowed them to pass, and eventually they got over the bridge and out of the city, but could get no train.

But difficulties had only begun. They were directed to go to St. Anne, only to be sent on to St. Nicolas, which proved to be some miles away, and every one of the forty-eight patients—to which number the party was joined by another, by that time reduced—was unfit to walk, and ought to have been in bed, and two were desperately ill. Miss Harris appealed, without success, to some medical women, who passed them in a motor car, to take these two patients. By and by, a Belgian officer, with a car already full, came along, and to him Miss Harris also appealed. After some conversation, he agreed to take one man, and eventually consented for the second to ride on the step. But when Miss Harris, in duty bound, told him that one of the men might die at any moment, difficulties again arose. Ultimately, Sister Lawless was also packed into the car, to look after the two sick men, whom she eventually placed in the Kursaal at Ostend; and the rest of the wounded trudged on to Beveren-Waas.

On the way, they were advised to move on, as the Germans were expected. The station-master informed Miss Harris that he would make up two trains in the afternoon—for there were many wounded and refugees besides her party. Eventually they left—the train full of wounded, and soldiers on the top. They allayed their hunger and thirst on coffee, water and rumps, and arrived at Bruges at 1.30 a.m. Here the refugees were turned out of the waiting-room and the

SISTER A. M. HARRIS.
REGISTERED NURSES' SOCIETY.
wounded made as comfortable as possible. Food, however, was unobtainable. Miss Harris was told the whole town was enflusé (bare); but some poor, dirty, people played the part of Good Samaritans, and eventually each one of the patients had one cup of coffee. At 3 a.m. some doctors came round and sent the worst cases to the military hospital.

At 7 a.m. Miss Harris hoped to find a train for Ostend, but after waiting and waiting she decided to take the remains of her party to Blankemburgh, a place on the coast, north of Ostend. Here they arrived at 1 o'clock, and at the Hotel d'Orange obtained soup, stew, bread and beer, and never was food more appreciated. On applying at the police station for advice Miss Harris was told that the best thing to do was to go on to Knocke, so to Knocke they went, and the patients were put to bed at the Hotel Palace. Fortunately among them was a "prefect chef" (head sergeant-major), who helped to keep order, a doctor who had escaped from Antwerp took them under his care, and a corporal who had had four years' military training was put in charge of the "Salle de Pansements," where some restraint of the technique observed by the Red Cross workers appears to have been necessary, but as they were what the doctor termed "ladies of goodwill," he hesitated to speak.

The party remained at Knocke until Tuesday, when a medical general visited them and told them to leave, so the next morning they took the train to Ostend, hoping to find a boat for England there. At last they got to the quay and, thanks to their corporal, a place upon it. There were high hopes when a boat came in, but alas! for some unexplained reason, she left without any passengers.

Miss Harris then tramped the town to find food for her charges, but not a bird was to be bought. At last a man took her by mysterious ways to the back room of a baker's shop, where there were a few loaves. For this welcome bread the baker would take nothing, saying that he gave it willingly for the wounded. That night they slept in the station, and in the chill early morning the party was once more on the quay waiting for boats expected at five, at six, at seven, at nine, none of which turned up.

Wha. was to be done? A lieutenant advised Miss Harris to move on; as best she could with the more able-bodied, and a medical captain suggested that she should leave the worst patients with him in the military hospital. This she did, and then returned with the remnant of the party to the hotel at Knocke, where the Patron told her that the Germans were expected at any minute and advised her to get over the frontier, which after various vicissitudes was accomplished.

It should be stated that half-an-hour after they left the Quay at Ostend, a boat arrived, and many of the wounded who remained there arrived in England by that means.

They then applied to the Pastor for advice as to where to sleep, and were assured that every place in the village was full. A member of the party suggested the church, and the Pastor admitted he had not thought of that, and cleared out some of the chairs. There Miss Harris established her patients for the night, and for herself and a girl refugee got a shakedown in a peasant's cottage.

The next day, partly walking, partly by train, and partly in a carriage, the little party, now, from one reason and another reduced to four patients, with Miss Harris, arrived at Breskens, where they took a little boat to Flushing. On Sunday, October 15th, they joined the crowd waiting at the office to sign their names for tickets, and on Monday secured places on a boat for England.

From Brussels.

As we reported last week, the party of nurses sent out to Brussels by Mr. Alfred de Rothschild have returned home, being no longer permitted to work in the Ambulances by the German administration. They numbered twenty-seven in all, twenty who left London on Sunday, August 30th, with Mr. Rowlands, and seven more on the following Tuesday. On arrival at Brussels they were allotted by the Belgian Red Cross Society to various Ambulances, really small hospitals placed at the disposal of the Society by private benevolence. Amongst the party were Miss A. M. Beardie, assigned to the Vanderborght Ambulance, with Miss Gibson and Miss Hodges; and Miss L. Kemp, of the Registered Nurses' Society, who worked with Miss Waycot in the Ambulance provided by the generosity of Baron Janssen.

On their arrival the nurses were met by Baron Lambert, who took them to his Ambulance. They went to a convent, where they stayed till allotted to the various Ambulances.

Baron Janssen's Ambulance.

Miss Kemp describes the work as most interesting, and speaks most warmly of all the kindness and assistance she received. The Ambulances were got ready by the Belgian Red Cross Society, and as one in which she was located was in Baron Janssen's house, everything that she could wish for to help her in her work was provided. Moreover there was a laundry attached to the house, so there was an ample supply of fresh linen, all articles sent there being returned within twenty-four hours.

At first all the patients were Belgians, speaking either French or Flemish. Every bed when made up was provided with a clean shirt, a handkerchief, two towels, and a large linen bag in which all the patient's clothes were taken to the laundry. Everything was washed which could be, and then the Belgian ladies mended the clothes, and replaced such things as could not be mended, so that every patient went out with a fresh outfit. Each man in hospital was also provided with a tin box for his special treasures, and the money of those who had any was taken care of by the Baron.

Miss Kemp and Miss Waycot changed duty every eight hours, as the idea of consecutive
night duty was not approved by the Baron. For their Ambulance of twenty-five beds they had the assistance of six young Belgian Red Cross ladies and three Boy Scouts, who proved themselves most useful. The patients had three good meals a day; this being the arrangement in all the Red Cross Hospitals. There was a most up-to-date theatre. Indeed, Miss Kemp describes her experience as nursing in luxury and by no means ordinary war nursing.

The medical men attached to the Ambulance were Dr. Luthien and Dr. Merrique, and it is interesting to learn that they largely used compresses of gauze, wrung out in methylated spirit, as a dressing. Many of the patients suffered, amongst other things, from saddle sores, which needed careful attention.

Miss Kemp worked at Baron Janssen's Ambulance from August 11th until September 24th, during which time, especially before the German occupation, there was plenty of work. After September 24th the English nurses were not permitted by the German administration to nurse the German soldiers, and all the Belgians had left before the Germans came in. The nurses stayed for the next fortnight at Baron Lambert's Ambulance until allowed to leave Brussels on October 6th, when they travelled home via Copenhagen.

The following letter, received by Miss Kemp, speaks for the way in which her services were appreciated.

Brussels, 28th September.

Dear Miss Kemp. We learned with the deepest sorrow that you are obliged to leave Brussels, and that we are losing your precious assistance.

All here, we are feeling very sadly such news, which we never expected so soon. We were so agreeably accustomed to your presence amongst us, and our wounded were so proud of your intelligence, devotion, and kind care of them.

We regret deeply, and our poor soldiers with us, your departure, which takes from our Ambulance 33, the best-trained elements of assistance we ever disposed of.

We cannot thank you enough for all you have done for us and our wounded.

All we can do is to express to you the kind and long remembrance that we will keep of yourself.

Your assistance is not only of the highest value for us in these dark times, but as we prize highly, as it must be, the charming relations we have had with you.

We hope to have the occasion of meeting you again in future and beg you to remember that you leave here good and true friends. Happy are we, in any way help you in the future.

Yours very sincerely,


We have already described the reception of the English nurses in Copen-hagen, for which they cannot speak sufficiently thankfully, but we should mention that after a number of them were entertained at the Hotel d'Angleterre by Mr. and Mrs. York, who presented them with a ribbon of the Danish colours, and a pin bearing the inscription, "My God, my country, and my honours."

ACTIVE SERVICE.

THE ORDER OF ST. JOHN OF JERUSALEM.

Thousands of men have been wounded in hospitals in France, and thousands have during the past week been brought into England. The cry has been for nurses, always more nurses, and many have been supplied. The Order of St. John of Jerusalem, with its small expert selection committee, has been more than busy, and some forty nurses and matrons have been sent to Southampton, where two hospitals have been mobilised, and to St. Malo, the military, and a private hospital of Miss de Canis, also to Dunkirk and Calais. On Sunday an urgent call came for twenty nurses from the War Office for Calais, where there are 5,000 Belgian wounded.

The Order has now 350 hospital beds abroad, and has altogether during the War supplied about 235 trained nurses.

SERBIAN RELIEF FUND.

The Serbian Relief Fund, 22, Berners Street, W., of which Sir Edward Boyle is Hon. Treasurer, are despatching on Thursday morning, October 21st, by the s.s. Dongola, from Southampton, the second unit sent from this country to the aid of wounded Serbians, the first group of nurses having gone out with Mme Gouïitch, wife of the late Serbian Minister in London. The present unit includes Lady (Ralph) Paget as General Superintendent, a medical staff of which Professor Morrison, F.R.C.S., is Surgeon-in-Chief, and a nursing staff composed of Miss E. A. Fry, Matron, and the following Nursing Sisters: Miss Dorothy Greson-Jackson, Jennie Sibley, Charlotte E. Herriech, Edith J. M. Bowers, Nellie Clark, Elizabeth M. Campbell, Helen M. Coleman, Blanche Maddox, Mary G. C. Heathcote, Agnes M. Macqueen, Alice Pell, Jean C. G. Donald, Marianne Elizabeth Hall, Gertrude Smith, Florence E. Draper, and Mme. Pavlovitch. The Dispenser is Miss Skey, and there are all six ward nurses, four dressers, fourteen orderlies, an assistant baggage nurse, and a cook so that the unit will be very complete. The entire equipment for a hospital of 250 beds has already been despatched.

The factory is going to Nish, where, with the approval of the Serbian Government, they have been given a private house for a conversion into a hospital for the Serbian wounded.

Mme Gouïitch writes from Serbia that nurse and assistance for the wounded is urgently needed.
THE BRITISH RED CROSS SOCIETY.

Two units of nurses were sent to France on Sunday. The following left Charing Cross at 2 p.m.:—Misses Ryan, Flynn, Randles, Sparway, Bennett, Westnutt, Ramsbotham, Kennedy, Dale, and Morley-Buxton.

At 5 p.m. the following nurses left London:—Misses Wade, Lowe, Grant, McNevin, Hope, Oddy, Biamston, Godfrey, Covington, Davies, Watts, Scales, Suttcliffe, Bailey, Davies, Jones, Maxwell, Woodhatch.

The group of nurses from the 4th Southern General Hospital (T.F.), Plymouth, who appear on this page are proceeding abroad forthwith.

We reported the hearty send-off of Miss H Scott Hay and the American nurses from Dundee. Despite a rough voyage, we learn the whole party arrived at Petrograd in fine physical condition, and very enthusiastic about their work. They were received at the stations along the route by delegations of physicians. At Raumo (Finland) the contingent was greeted by both the doctors in the town. At Petrograd they were escorted to the Tsar's waiting-room and welcomed by Count Bobrinsky, Chief of the Russian Red Cross, as the only foreign Red Cross Corps sent to Russia.

We learn that Russian officials attach importance to the American expedition as likely to add to cordial relations between the two countries.

MEMBERS OF NURSING STAFF, 4th SOUTHERN GENERAL HOSPITAL, T.F.
Miss Tait McKay, Matron.

Their Matron, Miss Tait McKay, in the centre of the group, remains on duty at Plymouth, where, on Saturday last, 140 patients arrived from the front, one with a German helmet as a trophy of war.

AMERICAN RED CROSS UNITS IN RUSSIA.

The American Red Cross units sent to Russia have received a most cordial reception all along the line to Petrograd, and reinforced by thirty-six members of the Russian Sanitary Corps, proceeded to Kiev to assume charge of a hospital for the sick and wounded, containing 200 beds, which is in the near future to be extended to 700 beds.

The American surgeons will be equipped with Russian uniforms, "so as to escape being made the target of unthinking soldiers"!

Writing from Copenhagen on October 10th, Miss Thurstan says that she is the guest, together with her three colleagues, of the Danish Council of Nurses at their lovely Home of Rest at Vilbek, a charming seaside place with glorious woods, and the kindness they are all receiving is untold. They were expecting to start for Petrograd in the following week. In Russia she hears there
Reuter reports that the Municipality of Le Mans has granted the British Army the concession of a cemetery where soldiers dying in hospital may be buried, their gravestones marked by flags, carefully tended, and fresh flowers being placed on them every week.

In one of the newest tombes Miss W. Bell, an English girl, aged 19, who, while tending the wounded in the firing line, had both her legs broken by a splinter from a shell.

She was taken to the British hospital at Le Mans, where she died of her wounds.

One wonders how an English girl of 19 got into such a position. Surely the military authorities could not have sanctioned service from one so young.

**THE CARE OF THE WOUNDED.**

The Honble. W. H. Goschen has been appointed joint Hon. Secretary with Lady Perrott of the Queen's Special Ladies' Committee; and Miss Swift (formerly Matron of Guy's Hospital), and Miss G. Rogers (formerly Matron, Royal Infirmary, Leicester), have been appointed to the Committee—so that, with Mrs. Bedford Fenwick, the nursing profession is represented on the Queen's Committee, which has a large interest in the care of the sick and wounded at home and abroad. A very high standard of training and efficiency is now enforced for the nurses employed—as naturally the Order is of opinion that only the very best is good enough for our soldiers; and, indeed, for any soldiers.

The Order has supplied thousands and thousands of comforts of all sorts for the soldiers: but so much is needed that any amount of things are still required—blankets, flannel shirts, socks—and Bovril, Oxo, Benger's, Malt's Malted Milk, Glaxo, Virod, King's Oatmeal, Violet, Robinson's Barley, Allen & Hanbury's instant foods, and cocoa are invaluable in the sick ward, and for convalescent patients. Send some to St. John's Gate if possible.

A Joint Committee of the Order of St. John of Jerusalem in England, and the British Red Cross Society, has been formed which will sit through the War, to secure co-ordination and united action in work common to both bodies. This should prevent overlapping and confusion.

A Committee has also been formed to deal with the establishment of Anglo-French hospitals under St. John Ambulance Association and the British Red Cross Society. The Committee will consist of the Hon. Arthur Stanley, M.P., the Right Hon. Sir Claude MacDonald, G.C.M.G., K.C.B., the Right Hon. Sir Maurice de Bunsen, G.C.M.G., G.C.V.O., Sir Henry Norman, M.P., Dr. Haden Guest, Dr. Wm. Butler (Deputy-Medico-Chirurgical Officer of Health, L.C.C.), and Dr. Fox Symons.

"Chivalry and the Wounded" is the name of a little book, by E. M. Tenison, just published by L. Upcott Gill & Son, Ltd., the object of which is to describe the activities of the Hospital Staff of St. John of Jerusalem from 1914-1918. This appreciation of the inspiring past and strenuous present of a great chivalrous ideal for the service of humanity, is dedicated by permission to Adelene Duchess of Bedford, Lady of Grace of St. John of Jerusalem, and Chairman of the Ladies' Committee of the Order of St. John, who has presented a copy to the members of her committee. All those who find inspiration for the present in the high traditions of those who have gone before, should secure a copy of the book without delay.

Princess Victor Napoleon, cousin of the King of the Belgians, who was accompanied by her husband, Prince Victor Napoleon, and the Duchess of Vendome, King Albert's sister, paid a visit last week to St. Andrew's Hospital, Dollis Hill, N.W.

About thirty Belgian soldiers are under treatment at the institution, and the visit of the Princess and her suite was to all of them a joyous occasion.

The Duke of Vendome was received on his visit at the hospital by Monsignor Garon de Wissant, brother of the Belgian Minister of Justice, and by the Matron, Sister Rose Ignatius, the head of the beautifully-named Order of the Poor Servants of the Mother of God.

These members of the Belgian Royal Family also visited St. Bartholomew's Hospital on Saturday and Sunday afternoons to cheer the Belgian patients. On Sunday sixty-one English wounded were admitted to the hospital.

The Grand Duchess George of Russia has arranged a charming little hospital at Harrogate for the care of wounded English soldiers.
We feel sure we shall have the sympathy and approval of every thorough nurse, when we lay down the principle, that, wherever and however a human being is sick, there should be found the trained and skilled nurse, doing her very utmost to minister to his comfort, and help restore his health. In War that is the happy way in which the trained nurse steps out and takes her part in the struggle; with politics she has nothing to do, her part is just to realise that a human being doing his duty is in pain, is shattered for the time being, is out of the fighting line, and that it is her pride and privilege to help to mend him.

That, anyway, is the fundamental principle upon which it is proposed to build up the French Flag Nursing Corps. "Just: "I was sick, and ye visited me." That is sufficient.

As we reported last week, through the good offices of Sir Thomas Barclay, and his niece, Miss Grace Ellison, a small committee has been empowered by the Minister of War for France to select and control 300 trained British nurses, to help to nurse sick soldiers in the French Military hospitals in certain districts in France.

On Thursday last, Miss Ellison, accompanied by a member of the Committee, Dr. Dandias Grant, proceeded to Romen with two units. Dr. Grant returned to England after acquainting himself with details required by the committee, and at a recent meeting presented a most satisfactory report. The officers and nurses of the French Flag Nursing Corps received a most cordial welcome from the responsible officials in Romen. The nurses were billeted as officers in Romen for three days, and satisfactory domicile was arranged for them. Sister Haswell and her unit were appointed to work in the Hotel Dieu, and Mrs. Dalrymple at St. Patrice. M. Raveneau, M.D., Chef de Médecin, received all with charming affability, and in welcoming the nurses reminded them that British nurses had a great reputation, which we feel sure the pioneers of this Corps will
do all in their power to enable the full complement of nurses proposed by the Minister of War for the Rouen district to be engaged in units as soon as possible, sent to France and met by Miss Ellison who will conduct them to their destinations.

And this brings us to business. Application forms for service in the French flag Nursing Corps are now ready, and can be obtained from the Hon. Secretary, Miss Keith, at 10, Newen Square, Earl's Court, S.W., from Mrs. Murray, 5, Newen Square, Earl's Court, S.W., and from Mrs. Bedford Fenwick, 20, Upper Wimpole Street, London, W. Only thoroughly trained nurses of British nationality are eligible, holding a certificate of three years' training in general adult nursing as a minimum qualification. As the request has been specially made by the French military authorities that young girls shall not be sent, the age of applicants considered most appropriate is from 28 to about 40. All members of the Corps must be recently vaccinated, and domiciled for three years, and will be medically examined before their services can be accepted, and should be at liberty to remain in France for not less than six months it required. The Selection Committee will sit at 5, Newen Square, S.W., on Monday and Tuesday next, from 2.30 to 6 p.m., and Mrs. Bedford Fenwick will interview candidates on Thursday, 20th, Friday, 21st, and Saturday, 22nd, at 4.30, Oxford Street, London, W., from 11 a.m. to 1 p.m., and give every information possible concerning the work.

Sister Haswell writes.—We have been extraordinarily well received by the Military Authorities here, and we seem as though we really were beginning what may prove a very good bit of work. The Chef de Medic told us in a charming speech that we had a great reputation to live up to.

Before us is an interesting photograph taken in the garden of St. Patrick's Hospital, of the military medical officers, French ladies working for the wounded, Dr. Dunlop Grant, Miss Ellison and the Nursing Staff. We hope to reproduce it next week.

The British people owe to Belgium and France a debt which our nurses feel honoured in helping to pay.

Our illustrations present a few devoted friends of the stricken soldiers of France.

NATIONAL UNION OF TRAINED NURSES.

In response to a letter received by the secretary from the Secretaire Generale of the Association des Infirmieres Visiteuses de Paris, two nurses who are generously giving their services have been sent over to Paris to help in nursing the sick poor in their own homes during the coming winter, when much illness and suffering is anticipated.

Before the outbreak of war a very complete system of district nursing had been inaugurated, each arrondissement having its 'chef d'équipe,' to whose address all cases of illness could be sent, a staff of 'dames visiteuses' which correspond to Personal Service Visitors, and a varying number of Internautes Visiteuses, or district nurses, to whom all cases of illness were entrusted. Some of these had been sent over to be trained in England by the Queen Victoria Jubilee Institute for Nurses, but on the outbreak of war almost the whole number were mobilised for the nursing of the wounded, as they belonged to the Croix Rouge, and as many of the hospitals usually available for the civil population are to be used for the wounded, the need for district nurses for the wives and children of the soldiers, and for the soldiers when discharged from hospital, as well as for the ordinary workpeople, will be needed more than ever.

The War Victims Relief Committee of the Society of Friends has already sent one Nurse, through the National Union of Trained Nurses, and hopes to send two more, making five in all, including the two for whom the funds were found by individual members of the N.U.T.N.

This Committee of the Society of Friends is also organising an expedition to send medical nursing, and sanitary help to the devastated country in France, and possibly, later, to Belgium. It is proposed to send ten nurses to begin with. Permission has now been received from the Military Authorities to proceed, and the expedition hopes to start very shortly. It will work in close cooperation with the Comité de Secours National and has been most gratefully accepted by the French Government. The nurses for this pioneer work are being selected by the N.U.T.N., which has also sent off a detachment of six nurses for the British Field Hospital for Belgium now working in France.

TRUE TALES WITH A MORAL.

NEGLECTIBLE QUANTITY.

Doctor to Nurse anxious to go to the Front:

Doctor: Can you speak French?

Nurse: No.

Doctor: Or German?

Nurse: No.

Doctor: Have you been vaccinated?

Nurse: No.

Doctor: Have you been inoculated for typhoid?

Nurse: No.

Doctor (impatiently): Well, what qualifications have you got?

Nurse: A certificate for three years' training as a nurse.

Doctor (dismissing applicant): Very little use indeed.

The Tsaritsa and her daughters are devotedly working as sisters of mercy at the Tsar-koe Sello military hospital. No distinction is made between them and ordinary sisters. They are known as Sisters Alexandra, Olga, and Tatiana. The Tsar and Tsarevitch and the Imperial Grand Duchesses have been at the various hospitals several times, chatting with the wounded.


**APPOINTMENTS.**

**MATRON.**

Denbighshire Infirmary, Denbigh.—Miss May Godson has been appointed Matron. She was trained at the Queen’s Hospital, Birmingham; and has been Sister there; Sister in Charge of the Royal Gwent Hospital, Newport, and the Clayton Hospital, Wakefield; and Matron of the Fleetwood Hospital, and the General Infirmary, Alnwick.

Masina Hospital, Bombay.—Miss H. Deacon has been appointed Matron. She was trained at the Leeds General Infirmary.

**NURSE MATRON.**

Infectious Diseases Hospital, Biggleswade.—Miss Amy Vokes has been appointed Nurse-Matron. She was trained at St. George’s Hospital, S.W. and in the nursing of infectious diseases at the South Eastern Fever Hospital. She has held the following posts:—Ward Sister, Woolwich Infirmary; Home Sister, Ilford Isolation Hospital; Night Sister, Enfield and Edmonton Joint Hospital, and Matron of the Regent Borough Isolation Hospital.

**SISTER.**

Royal Infirmary, Bradford.—Miss E. C. Borton has been appointed Sister. She was trained at the Queen's Hospital, Birmingham, where she subsequently held the position of Sister. She has also been Sister at the Borough Sanatorium, Eastbourne.

**HEALTH VISITOR.**

Borough of Chesterfield.—Miss Mary Hamilton Robertson has been appointed Health Visitor. She was trained at the Royal Infirmary, Hull, and has held the position of Health Visitor under the Castleford Urban District Council, West Riding; Assistant Matron at the Babies’ Home, Maternity Hospital, Leith, and Assistant Health Visitor, Edinburgh.

**LADY MINTO’S INDIAN NURSING ASSOCIATION.**

The following Sisters sailed for India in the S.S. *City of Paris* on October 20th, 1914:—

Miss E. C. Fielding.—Training School: Royal Southern Hospital, Liverpool; Further Experience: Hospital for Women, Shaw Street, Liverpool; private nursing; Governess in India to H.H. the Raj Sahib of Wankana; C.M.B. certificate.

Miss E. P. Parker.—Training School: Royal Victoria and West Hunts Hospital, Bournemouth. Further Experience: Fever training; Sister, Jessop Hospital for Women, Sheffield; Theatre Sister, Royal Victoria and West Hunts Hospital, Bournemouth; private nursing; C.M.B. certificate.

Miss Agnes E. Snowden.—Training School: Royal Hospital, Portsmouth; Further Experience: Sister, Royal Infirmary, Bradford; Night Sister, Stockport Infirmary; Sister, North Staffs Infirmary, Stoke-on-Trent; C.M.B. certificate.

**QUEEN VICTORIA’S JUBILEE INSTITUTE FOR NURSES.**

**Transfers and Appointments.**

Miss Mary C. Browne is appointed Assistant Superintendent Hackney, D.N.A.; Miss Margaret Hyndman, as Senior Nurse, Guildford, D.N.A.; Miss Alice F. Blows, to Sidcup; Miss Dorothy E. Taylor, to Halifax.

**ST. BARTHOLOMEW’S HOSPITAL, E.C.**

Final Examination.

**NURSES CERTIFIED OCTOBER, 1914:**—


**Primary Examination.**


**COLONIAL NURSING ASSOCIATION.**

The following new appointments have been made since May, 1914:—

**Private Nurses.**

Misses A. B. Beeton appointed to Teheran; H. Simpson, Oporto; G. M. Penny, Ceylon; E. P. Short, Ceylon; R. B. Phillips, Shanghai; E. Stillwell, Shanghai; G. Burgell, Shanghai; G. Morris, Shanghai; C. Dalton, Canada (Western); F. J. Spinks, Cape Colony, King Edward VII Order of Nurses; E. Redmile, Cape Colony, King Edward VII Order of Nurses; M. Garton-Stone, Shanghai; I. Spafford, Bangkok; F. Jaques, Gold Coast; H. Deakin, Bombay; K. Yule, Bombay.

**Western Australia Government Hospitals.**

Misses M. Breed, appointed to Western Australia; E. Astrip, Western Australia; B. Murray, Western Australia; F. M. Maudment, Western Australia.

**Government Hospitals.**

Misses A. M. Gould appointed to Ceylon; K. Heffernan, Ceylon; M. Begg, Ceylon; M. Atkey, British East Africa; J. Alexander, Straits Settlements; E. M. Pratt, Uganda; L. H. Bone, M. Benson, G. Chettle, E. Kenny, D. Gradlock, and H. A. Lawrence, Hong Kong; F. G. Hooare, Zanzibar; A. L. Palmer, Federated Malay States; E. McCarthy, Federated Malay States; M. Graham, Nigeria; A. M. Page, Nigeria; F. Homan, Nigeria (S. Provinces); D. Sturge, Gold Coast; E. A. Bernard, Gambia; C. Isitt, The Bahamas; E. Ross Milne, Colombo.
NURSING ECHOES.

The Barnet Board of Guardians at a recent meeting had before them a letter enclosing the resolution passed by the Matrons' Council of Great Britain and Ireland, at its meeting on October 9th, expressing its deep sorrow at the suicide of the Board's late Superintendent Nurse, and their conviction that the anomalous position of a Superintendent Nurse in relation to other Workhouse officials, as defined in the Orders of the Local Government Board, was primarily responsible for this tragedy. The Board endorsed the letter from the Matrons' Council, and sent it forward to the Local Government Board. So far so good, but a resolution from the East Finchley Ratepayers' Association, calling for an enquiry into the circumstances that resulted in the death of the Superintendent Nurse, and for the resignation of the Chairman of the House Committee, was read and laid on the table.

It costs £100 to train a village nurse for one year in Wales, £25 for four months' midwifery, and £85 for eight months' district nursing. It seems a very large expenditure. Let us hope the time is not far distant when young women will be encouraged by Welsh Nursing Associations to train for three years. We think it very unfair upon them in these days to advise any other course—especially when public money is being subscribed through the Education Department. At a meeting of the North Wales Nursing Association, the hon. secretary reported that in response to a letter sent by her to the papers drawing attention to the dearth of Welsh-speaking nurses, and asking for funds to train more candidates, she received forty-eight applications from would-be pupils. Many of these were too young, being under twenty-three, but the number who applied showed that there are many suitable young women who would gladly train were funds available. It was decided to approach the Central Midwives' Board to inquire as to whether further facilities for examinations in Welsh could be arranged for monoglot Welsh-women.

Owing to the disorganized condition of nursing standards, trouble is constantly arising. Recently, at a meeting at Penzance of the West Penwith Rural District Council, the Medical Officer (Dr. Richmond) presented statements with regard to the summary dismissal of a nurse from the temporary hospital at St. Buryan for the typhoid epidemic. It had been alleged at a previous meeting that the nurse was dismissed by the local committee because she conducted the service at the local Wesleyan Church. According to the statement by the dismissed nurse, she was discharged by the rector (Rev. A. Cornish), she had heard, because she took the service at the Wesleyan Chapel. She had yet to learn that what she did off duty had anything to do with anybody, provided it did not unfit her for her work. The statement admitted that she had failed to take a patient's temperature. The head nurse's statement alleged incompetence on the part of the discharged nurse, and said the dismissal was made on her recommendation by the local committee. She failed, the statement alleged, to take duty on the night of September 5th without legitimate reason, failed to make a night report, and neglected to take hourly temperatures. This report was signed by Drs. Jago and Nesbitt.

It would be interesting to know who engaged the nurse and upon what qualifications. We do not consider that a local committee upon which there is no expert nursing knowledge can discriminate as to a nurse's qualifications; they can know nothing of their relative value under present conditions, and a vicar should not be empowered to either engage or dismiss a professional worker.

The food of night nurses is constantly under consideration—and when there are hard and fast rules about "rations," it is often a thankless task for Stewards and Home Sisters; very few of whom are really widely conversant with dietetics. The Bolton Board of Guardians have recently had the matter under discussion, and of course came to the conclusion the rations were adequate. Maybe—but what is so often the reason for complaint is that "plenty" is not everything—quality must also be taken into consideration. "A dyspeptic Pro" writes:—"My health, and in consequence my work, has been ruined in this place by 'dollops.' Sad dollops of bread, melancholy puddings, juiceless foreign meat, watery potatoes, stale vegetables. The quantity if placed in a scale indeed would be found good measure with a dump, but for all that the rations are inadequate, because they are indigestible."

The Nursing Journal of India announces that the Nurses of St. George's Hospital, Bombay, have a new Badge. The design is in silver, in two pieces—a miniature of St. George and the Dragon, with a plain cross beneath. It is very pretty and very unique.
PROFESSIONAL REVIEW.

PASTEUR AND AFTER PASTEUR.*

"Pasteur and After Pasteur," by Mr. Stephen Paget, F.R.C.S., with a modest little preface by the author, put in a timely appearance on September 28th, the anniversary of the death of this master-scientist, a day which Mr. Paget points out "all physicians and surgeons—not and they alone—ought to mark in their calendars; and it falls this year with special significance for us, now that his country and ours are fighting side by side to bring back the world's peace.

The story of Pasteur's life is narrated with all the charm of which the author is capable, and that is a great deal, intensified by his unbounded admiration for his hero. "It is not," he says, "possible to measure or put into words the value of Pasteur's work and the range of his influence. All attempts to estimate or explain him are mere foolishness. Genius made his work what it was; and genius is no more the result of circumstances than a play by Shakespeare is the result of a theatre and an audience."

Of poor, but good descent, Louis Pasteur, like most geniuses who have achieved much, had a passion for hard work. As a youth he wrote to his little sisters, "Work, love one another. Once you have got into the way of working you cannot live without it. Besides, everything in this world depends on it. . . . If your resolve be strong, your task, whatever it may be, is already begun; you have only to go on, it will accomplish itself. If by chance you stumble on your way, a hand would be there to sustain you; and if that hand should fail you, He who took it from you would uphold you to the end."

"His parents did not look beyond the hope that he might obtain a professorship at Arts College. Heaven had other designs on him. First, it gave him a thorough grounding in mathematics and physics. Then, for many years, it kept him under the discipline of chemistry. Then for twenty years more he was occupied over ferments, the diseases of wines, and the diseases of silkworms. He was fifty years old when he advanced to the protective treatment of sheep, cattle, poultry and wine, against disease; he was sixty-three when he first used on man his protective treatment against rabbies. To change the whole outlook of medicine and surgery, Heaven took and trained a 'pure scientist' who had never done an operation nor written a prescription; a man who had to screw up his courage even to look at some of the ordinary sights of a hospital; took this non-medical man of science and set him to head of all the heads of the medical profession, to have them all obedient to his teaching and proud of the very sound of his beloved name. The whole world is well aware that he has availed more than the physicians and surgeons of his time for their health and happiness. He was set apart from them, that he might be the leader of them; and he led them into that kingdom which they longed for but could not find for themselves."

Fate was kind to Pasteur in the wife of his choice. We read: "She was everything to him; without her his work would never have been accomplished; he would have died long before he did under the strain of it. To write of him, is to be writing of her; the two lives are one from 1840 to the day he died." He was happy also in his work. To a friend he wrote: "Why aren't you a professor of chemistry or physics? We should be working together, and in ten years we would have revolutionised chemistry. There are marvels hidden in crystallisation, and one day it will reveal the intimate structure of substances. If you come to Strasbourg you'll be a chemist in spite of yourself. I shall talk to you of nothing but crystals."

Of the "germ theory" at which Pasteur worked so hard, the author writes: "It is not a philosophical theory of life, but a most practical doctrine, that fermentation, decomposition, putrefaction, are the act of the living dust of the air; that these bacteria are not begotten by the fermenting liquid, but come into it from outside; that a liquid, really sterile, exposed to air really sterile, will remain sterile for ever." At a famous lecture at the Sorbonne on April 7th, 1864, Pasteur, after showing to an immense audience experiments in proof of this fact, proclaimed the germ theory thus: "La vie c'est le germe, et le germe c'est la vie."

In the little chapel connected with the Pasteur Institute at Paris, Pasteur lies, as a writer in the Spectator has well said, "From the work of the place, done in the spirit of the Master and to his honour, you go straight to him. Where he worked, there he rests."

"Walls, pavement, and low vaulted roof, this little chapel, every inch of it, is beautiful; to see its equal you must visit Rome or Ravenna. On its walls of rare marbles are the names of his great discoveries—Dyssymetrie Moléculaire, Fermentations, Générations dites Spontanées, Études sur le Vin, Maladies des Vers à Soie, Études sur la Bière, Maladies Virulentes, Virus Vaccins, Prophylaxie de la Rage. In the mosaics, of gold and of all colours, you read them again; in the wreathed patterns of hops, vines, and mulberry leaves, and in the figures of cattle, sheep, dogs, and poultry. In the vault over his grave are four great white angels, Faith, Hope, Charity, and Science."

When the time came for his work to pass into other hands, it had passed already. "It was become part of the doctors' daily practice, part of the routine of every hospital, part of the method of the medical sciences, part of all nursing, part of all housekeeping, part of all farming, part of all brewing. There is no country on earth which is not the richer and the happier because of him."

What better epitaph could man desire?

* Adam & Charles Black, 4, 5, & 6, Soho Square, London. 3s. 6d. net.
A NEW BED-PAN AND EXCRETA STERILIZER.

The bed-pan sterilizer illustrated here was exhibited and demonstrated by the manufacturers, the Wilmot Castle Company, of Rochester, N.Y., during the meeting of the American Hospital Association at St. Paul recently, and is here reproduced from The Modern Hospital.

This new sterilizer is distinct in design, and intended only for handling bed-pans and their contents. It avoids the disagreeable task of emptying pans by hand into an open sink or hopper. The pan is placed in the sterilizer right side up, it is then automatically inverted and emptied as the cover is closed. It is thoroughly washed inside and out by water sprays. The pan and fecal matter are positively sterilized by steam, but no odour or steam escapes into the room. The trap and cover are operated by foot pedals.

The sides and cover of the sterilizing chamber are made of heavy, planished copper. The base is a smooth bronze casting, so shaped that it drains quickly. The steam chamber for heating is cast in the base, eliminating all steam pipes from the interior of the sterilizer. A 3-inch opening is provided in the back of the sterilizer for connection to a bent pipe. The entire interior is heavily coated with pure tin to prevent corrosion, and the exterior is handsomely nickel-plated. A deep lip in the cover fits into a water seal in the body of the sterilizer, preventing the escape of steam and odours into the room. The size of the sterilizer is 15 by 18 by 17 inches.

The use of such an apparatus is now considered essential, especially in contagious wards, and would be invaluable in war nursing.

LYSOL PETROLEUM JELLY.

The value of Lysol as an antiseptic deodorant and disinfectant is well known to nurses and midwives, and they will be interested to learn that the manufacturers, Messrs. Chas. Zimmermann & Co., Ltd., of 6 and 10, St. Mary-at-Hill, London, E.C., are placing a new speciality—Lysol Petroleum Jelly—upon the market.

This is made from the finest and purest white petroleum jelly, and is incorporated with 1 per cent Lysol. It should thus be an ideal lubricant for those engaged in midwifery; besides being a very useful emollient, and is likely to be a favourite with midwives who are already well acquainted with the virtues of Lysol. Lysol Petroleum Jelly is put up in ½ and 1½ pots, and may be obtained through all chemists.

Although Lysol Petroleum Jelly has only been placed on the market quite a short time, the proprietors have received many appreciations of its efficacy.
BOOK OF THE WEEK.

GREYFRIARS BOBBY.*

"Terriers are Sonnie Leal Dogs."

Who that has visited the famous Greyfriars churchyard in Edinburgh has not been moved by the memorial fountain, opposite the main gateway to the churchyard, surmounted by the life-sized representation of a little Highland Terrier, and wished to know more of the loyal little animal there represented. Mrs. Atkinson has therefore laid all dog lovers under an obligation by giving us the story of "Greyfriars Bobby," who, for love of the master who died, remained masterless all his life, and persistently refused till the day of his own death, some fourteen years later, to sleep anywhere but on that master’s grave.

With extraordinary sympathy Mrs. Atkinson has made Bobby live again for us in her pages, and given us the greatest insight into the mind of a little dog which has ever been penned.

The portrait of "Auld Jock," the shepherd who commanded this whole-hearted devotion, his Scotch peasant reticence quite broken down by it "so that he told the little dog many things that he cannily concealed from human kind"; the tragedy of his admission to the cheery landlord, John Traill: "Bobby isna ma ain dog," and the death of the independent old shepherd in a tenement-room in a Cowgate wynd; all these are related with a pathos that moves us profoundly.

Auld Jock was buried in the Greyfriars Kirkyard and when the caretaker made his last rounds that evening he found the little terrier flattened out on the new-made mound. Turned out, not unkindly, he later slipped in again and disappeared, and "when James Brown had locked the kirkyard gate for the night and gone into his little stone lodge to supper, Bobby came out of hiding and stretched himself prone across Auld Jock’s grave."

Had it not been for John Traill, the landlord of Ye Olde Greyfriars Dining Rooms, Bobby would have starved, as it was, though he refused the landlord for a master, he accepted his friendship, and that of the children in the surrounding buildings.

Turned out of the kirkyard again by the worthy caretaker, the little dog "leal as any Covenanter" nevertheless ultimately established his right to be there, though not without passing through perilous times first. Permission to stay in the kirkyard, where dogs were prohibited, was gained first from the minister.

"It’s a remarkable story; and he’s a beautiful little dog, and a leal one. ... The matter need not be brought up in any formal way. I will speak to the elders and deacons about it privately."

Next came the peril of the police action in taking up masterless dogs and putting them out of the way. The desperately hurried collection made in halfpence by the tenement children, in terror for the safety of their pet, of the money to pay for his licence, and the powerful friendship of the Lord Provost who gave the leal Highlander the Freedom of the City, and a collar inscribed, "Grey Friars Bobby, from the Lord Provost, 1867. Licensed."—all this reads more like a fairy tale than the true story of a little Highland terrier.

The toast at the officers’ mess in Edinburgh Castle to "the ‘bittle’ dog who seemed to have won a kind of Victoria Cross," and the assurance of the dog-loving guest that he should be taken home, is graphically told. "But," he added, "bide a wee, Bobby. Before he goes I want you all to see his beautiful eyes. In most breeds of dogs with the veil you will find the hairs of the face discoloured by tears, but the Skye terrier’s are not, and his eyes are living jewels, as sunny a brown as caragorns in pebble brooches, but soft and deep and with an almost human intelligence."

For the third time that day Bobby’s veil was pushed back. One shocked look by this lover of dogs and it was dropped.

"Get him back to that grave, man, or he’s like to die. His eyes are just two caragorns of grief."

"In the hush that fell upon the company the senior officer spoke sharply: 'Take him away at once, Sergeant. The whole affair is most unfortunate, and you will please tender my apologies at the churchyard and the restaurant, as well as your own, and I will see the Lord Provost.'"

The military salute was given to Bobby when he leaped from the table at the sergeant’s call: 'Come awa’, Bobby. I’ll tak ye to Auld Jock i’ the kirkyard noo.’"

How Bobby came down the Castle Rock in the fog, to be true to his trust, we read with breathless interest. After that, "At nightfall, before the drum and bugle sounded the tattoo to call the scattered garrison in the Castle, there took place a loving ceremony that was never afterwards omitted as long as Bobby lived. Before going to bed each bairn opened a casement... and whether the children saw him or not they knew he was always there after sunset, keeping watch and ward, and ‘lanely’ because his master had gone away to heaven; and so they called out to him sweedly and clearly: ‘A gude nicht to ye, Bobby.’"

Every child should read "Greyfriars Bobby." Every dog-lover should possess it. Truly "Terriers are sonnie leal dogs."

P. G. Y.

WORD FOR THE WEEK.

"In reverence is the chief joy and power of life. Reverence for what is pure and bright in your own youth, for what is true and tried in the age of others; for all that is gracious among the living, great among the dead, and marvellous in the powers that cannot die." —Ruskin.
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.

REGISTRATION IN THE UNITED STATES.

Montana State Association of Graduate Nurses.

DEAR MISS BREAY,—Your letter conveying the congratulations of the Society for the State Registration of Trained Nurses to our State Association for the successful passage of our Registration Bill was read before the Convention of the Montana State Association of Graduate Nurses at Billings, Montana, June 16th, 18th and 20th, 1914, and was much appreciated. I wish to thank you in behalf of our State Association for your kind words and the fraternal spirit which prompted them.

No doubt, now all business and reform measures are laid aside while you all unite in caring for the wounded in this terrible war. I hope the assistance rendered by our own Red Cross nurses will add to the fraternal bonds that hold us in one great cause.

Sincerely yours,

A. G. BESSEY.
Fromberg, Mont.

THE ANOMALOUS POSITION OF THE SUPERINTENDENT NURSE.

To the Editor of The British Journal of Nursing.

DEAR MADAM,—I notice with regret, but without surprise, that you say there has been no response to the suggestion that a petition should be sent to the Local Government Board asking for an alteration in the present anomalous position of Superintendent Nurses. There are many Sisters and Nurses, to my knowledge, who would like to sign such a petition in this Infirmary alone. But what is the use? We should only be labelled dangerous, for the Local Government Board does not encourage free expression of opinion on the part of its employees, and we might miss promotion when our senior officers discuss and decide upon it. I for one cannot run this risk, as I have relatives dependent upon me. It is all I can do to make my small salary meet the calls upon, and promotion, and with it a larger salary, would be more than welcome. So I cannot afford to join in any agitation, however necessary. Surely it is the duty of the L.G.B.'s own nurse-inspectors to make a report upon this subject.

Yours faithfully,

GRACE N. W.

"KEEP ON SIGNING!"

To the Editor of The British Journal of Nursing.

DEAR MADAM,—Many kind people, who have means to spare, yet who tell not neither do they spin, deplore their inability to help in these necessitous times. A clever woman I know, never at the loss for an apt suggestion, writes to some friends on a postcard, "Keep on signing." This is sound, practical advice. May I pass it on.

Yours, etc.

CLERICO MIDWIFE.

ANTE-NATAL TREATMENT.

To the Editor of The British Journal of Nursing.

DEAR MADAM,—I am very glad to observe that the question of ante-natal care of women with child is receiving an increasing amount of attention. As a midwife, with a practice in a very poor district it is pitiful to me to see how expectant mothers drudge on till the last possible moment, without any kind of health supervision.

Yours faithfully,

CLERICO MIDWIFE.

REPLIES TO CORRESPONDENTS.

Miss T. E., Leeds.—The practice of midwifery as a means of self-support is a very precarious occupation. Maternity nursing, when the nurse possesses a general as well as a maternity certificate, affords a much better prospect.

OUR PRIZE COMPETITION.

QUESTIONS.

November 7th.—Say what you know about Typhus Fever, and how it should be nursed.

November 14th.—How should Cholera patients be nursed?

November 21st.—Mention the varieties of vomiting in young infants. What do they usually indicate?

November 28th.—How would you nurse a patient suffering from mental shock?

NEW SUBSCRIBERS.

The Editor hopes that every reader who values The British Journal of Nursing will encourage her friends to subscribe for it, so that its constructive work for the profession may receive ever increasing support. Don't forget that it is the only weekly journal edited by a trained nurse, and which supports (1) an efficient standard of Nursing Education, (2) State Registration of Nurses, and (3) Just Economic Conditions for Nurses.

OUR ADVERTISERS.

We would remind our readers that they can help The British Journal of Nursing by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.
The British Journal of Nursing Supplement. October 31, 1914

The Midwife.

THE CENTRAL MIDWIVES BOARD.

A Special Meeting of the Central Midwives Board was held at the offices of the Board on Thursday, October 22nd, Sir Francis Chalmpey's presiding.

Cases adjourned for judgment on report of Local Supervising Authority.—The reports in four cases were read by the Secretary. In two no action was taken, as the reports were satisfactory. Mary Snape (No. 5251) and Harriet Hughes (No. 11409) were struck off. The latter, whose report was satisfactory in other respects, because she still could not take a pulse or temperature.

Interim Reports.—Interim reports were received in seven cases; in five no action was taken. Sarah Ann Mitchell (No. 355), who had had pemphigus in her practice and had not notified the Local Supervising Authority; and Mary Fitzpatrick (No. 1541) were struck off.

The charges alleged against eleven women were then considered, with the following results.

Struck off the Roll and Certificates Cancelled.—Amy Edmonds (No. 8827), Celia Frith (No. 19714), Mary Jane Phillips (No. 14901), Lucy Henrietta Stock (No. 3004 C.M.B. Examination), and Mary Warren (No. 19136).

Severely Censured.—Isabella Jackson (No. 7371), Maria Ann Lewis (No. 33083 C.M.B. Examination).

Cautioned.—Sarah Ann Allen (No. 8830), Janet Malcolm (No. 5161). In both cases a report was asked for from the Local Supervising Authorities in three and six months’ time. In the two remaining cases one decision was "not proved," and in the other "no action" was taken.

In the case of one midwife cited, no professional incompetence was alleged, the charge being "that you are guilty of misconduct, inasmuch as for the last four months or more you have been, and still are, cohabiting with one ————, who is not your husband."

A letter was read in which the writer stated that the influence of the midwife was very bad. She was living with the man named, and there was another man in the house who she said was her brother. She had working parties, and young girls went to her house probably without their parents’ knowledge of the woman’s character.

We advise those who hold that the registration of midwives is desirable, because the personal character of the midwife is immaterial, while the registration of nurses is undesirable because in a nurse good character is essential, to observe that this is not the view taken by the Central Midwives Board, who have indirectly the extreme penalty of removal from the Roll solely on account of moral delinquency.

MATERNITY CARE IN WAR TIME.

The deputation arranged by the Women’s Co-operative Guild, the Women’s Labour League, and the Railway Women’s Guild which recently waited on the President of the Local Government Board to ask for Government support of a national scheme for maternity care in time of war were assured by Mr. Samuel that the Government Committee took a very sympathetic view of the case which had been put forward.

THE LEICESTER MIDWIVES ASSOCIATION.

As we go to press the Leicester and Leicestershire Midwives Association, of which Miss E. Pell Smith is President, are holding a meeting in the G.F.S. Kooms, 5, St. Martin’s East, Leicester, at which Dr. Montague Williams is presiding, and the speakers are Miss Rosalind Paget, Dr. Gertrude Austin, Dr. E. Lewis Lilley, and Dr. C. K. Millard. Tea will be served after the meeting.

INFANT MORTALITY IN TORONTO.

A correspondent of the Lancet gives an interesting account of the Division of Child Hygiene inaugurated by the Department of Health in Toronto with Dr. Alan Brown and Dr. George Campbell as directors. Toronto has 10,000 children under 1 year of age and 21,070 under 2 years of age. To care for these in time of sickness there are the Hospital for Sick Children, the Infants’ Home and Infirmary for Destitute Children, St. Vincent’s Home for Destitute Foundlings and Illegitimate Children, the Haven Prison Gate Mission, which last year cared for 61 infants, 58 being illegitimate, and the Sacred Heart Orphanage. There are 42 licensed baby homes and 12 maternity homes under the supervision of the Department of Health. Four of the public hospitals maintain maternity wards; 1,200 children were born there during the past official year. Four visiting nursing agencies do the bulk of the obstetrical work of the city; there are eight day nurseries or creches, and these and other philanthropic organisations are co-ordinated to prevent overlapping. Within a few days of the reporting of a birth in the city one of the public health nurses—of whom there are 31—visits the home and investigates the surroundings of the child. If a doctor is in attendance nothing further is done; otherwise the mother is directed to bring her baby to a “well baby clinic,” of which there are ten. The Toronto Ferry Co. supplies a floating sanatorium, and about 300 babies and mothers are taken out on each trip. There is also a wet nurse bureau in connection with the business of Child Hygiene, so that provision for the care of the city’s children is very complete.
EDITORIAL.

EMOTIONAL NURSING.

The wide-spread desire to do something to alleviate the sufferings of the sick and wounded at the present time, is one with which all must sympathize, but it is also one which must be directed into the proper channels, lest it not only fail in its intention, but even aggravates instead of alleviates suffering.

The first impulse of many women is to "go to the front"—where the front is they have often only the vaguest notion—to render personal service. But before acting on that impulse it is imperative that they should consider what qualifications they have for being of use, for, in the stern work of war only those who are of use are acceptable, others are not only not wanted, but hinder and hamper the genuine worker.

The medical profession in war time is happily free from invasion by incompetent amateurs, it is organized, protected, and certain minimum standards are maintained by law, but, in connection with nursing, there is no similar organization, and the result is that to many with a desire to help the sick and wounded — especially the wounded—the simplest way appears to be to proceed to the seat of war to nurse them, and if money and influence can accomplish this, forthwith they go. While the intentions of many are, if ill judged, doubtless sincere, Sir James Crichton Browne addressing a meeting of the Kensington District Nursing Association last week commented on the fact that there is "a good deal of spurious nursing about at this time—merely affectional and emotional nursing" — and said that "under the agitated feelings created by the war giddy women step in where angels fear to tread." He pointed out that in no branch of nursing is consummate skill more necessary than in the management of wounds and the wounded, and that "for half bred amateurs to meddle in such matters is to endanger life and limb."

We have only to realize the gravity of many of the cases, to know that life in many instances depends on skilful nursing.

It is regrettable that, even now, with the brilliant example of the achievements of Florence Nightingale in the Crimean War before us—brilliant because founded on the stern preparation of years—the idea is still so prevalent that little more than an impulse of goodwill is necessary to qualify a woman to nurse wounded soldiers. Typhus, cholera, smallpox—diseases which ravage, disfigure, and slay nurses as well as patients—may be left to the care of professional nurses, but the wounded soldier is a heroic figure, appealing to the imagination and emotions, and so we have an exodus from this country of ladies in the full uniform of the trained nurse, to care for our wounded soldiers, who have only the most superficial knowledge of nursing, and the consequent danger to life and limb, which is the inevitable result when amateurs undertake duties for which they are not qualified.

Trained nurses know the dangers to which the soldiers, wounded in the defence of the Empire are subjected, if they do not receive competent care, and, knowing, they should do all in their power to educate public opinion, so that those who have no qualifications should be restrained from impulsively undertaking the care of the wounded at home or abroad, except in subordinate positions, under trained supervision. Our wounded soldiers are entitled to the best and most highly skilled nursing which can be procured, and good-will, in the untrained, is best exhibited in supplying funds to provide it, even at the cost of personal sacrifice.
OUR PRIZE COMPETITION,

SAY WHAT YOU KNOW ABOUT TYPHUS FEVER, AND HOW IT SHOULD BE NURSED.

We have pleasure in awarding the prize this week to Miss Dorothy Humphreys, St. Bartholomew's Hospital Nurses' Home, Smithfield, E.C.

PRIZE PAPER.

In old days, typhoid and typhus, under the name of continuous fever, were treated as identical diseases, but it is now recognized that they are two separate fevers. From its prevalence in dirty and overcrowded prisons typhus was often termed "jail fever."

The incubation period of typhus is from 5 to 14 days, the quarantine 10 days; the crisis occurs about the twelfth day. The onset is rather sudden; the symptoms are severe shivering, high temperature, headache, delirium, dry brown tongue, sordes, and after the fourth or fifth day, a rash resembling measles.

To the inexperienced eye, the symptoms appear almost identical with typhoid. The following are some distinctions:—

**Typhus.**
1. Rash. Rounded purple of a pinkish colour; disappear after three days, and are succeeded by patches of others for three weeks.
2. The attack of typhoid is more insidious.
3. Complexion flushed, expression anxious.
4. Pulse more fluctuating.
5. The ulceration of Peyer's patches occurs only in typhoid.

**Typhoid.**
1. The "mulberry" rash of typhus is more flattened and irregular; after third day no fresh spots appear, but changes occur in the rash; it becomes more ill-defined, and sometimes purplish.
2. Typhus occurs more suddenly, and in fatal cases terminates sooner than typhoid.
3. Complexion muddy, expression heavy.
4. Pulse much quicker.
5. The curious state known as coma vigil is peculiar to typhus.

It is also remarkable that rigor mortis ceases much more quickly in typhus than in typhoid subjects. Typhoid subjects also suffer much more commonly from epistaxis and coryza.

The most common complications of typhus are bronchitis, pneumonia, and peritonitis.

The nurse must remember that this is a highly infectious fever, and that the risk of contagion is almost greater than in typhoid. All utensils and linen must be kept separate, and carefully disinfected later. The nurse must disinfect herself after handling the patient, or anything belonging to him, and the utmost precaution must be exercised. The infection is largely spread by pediculi. She must watch for signs of bronchitis and pneumonia, which probably supervene if the temperature is not down by the fifteenth or twentieth day. She must also watch for bed-sores, since incontinence is usual. In some cases there may be retention of urine. The room must be kept well ventilated, and the patient sponged frequently with some disinfectant to suppress the characteristic musty odour. Fever diet (beef tea, eggs, milk) with plenty of water, should be given until the crisis is past, when chicken, fish, &c, may be ordered. The temperature must be taken four-hourly; and as heart failure is common, collapse must be watched for when the crisis is due.

After recovery, fumigation and disinfection must be thoroughly carried out.

The following may be taken as a typical case:

8th day. — A was admitted on the 3rd.—For right days previously he had suffered from headache, rigor, and feverishness.

9th day. — On the 4th (ninth day of disease) had severe headache, but no delirium or flush; face muddy, rather mottled, tongue dry, skin hot, pulse 108, passed five stools. At night became delirious, vomited copious green fluid, pulse 120. Head was shaved, cold applied; effervescing mixture ordered and 4 oz. of wine in the twenty-four hours. No sleep.

10th day. — Next day, slept a little, still delirious. No vomiting.

11th day. — Somnolence commenced.

12th day. — In status quo; pulse 120, weak.

On this day the crisis occurred.

After this pulse fell, till on the twentieth day it was 60. On the eighteenth day rash grew paler, and gradually faded; on the nineteenth day tongue grew moist. Appetite began to return on twenty-first day, when convalescence set in.

Cases of typhus fever are rare in this country, and the above notes are therefore specially interesting.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. Simpson, Miss J. G. Gilchrist, Miss F. Sheppard, Miss D. Maton, Miss H. M. Springbett, Miss P. Robinson, Miss M. James, Miss A. M. Munday.

QUESTION FOR NEXT WEEK.

How should cholera patients be nursed?
SAINT VINCENT DE PAUL, 1576-1660.

English nurses are longing to be at the Front in this terrible War, and those in France might realize with advantage how much their work owes to Saint Vincent de Paul. Some little time ago the nursing staff of Chelsea Royal Hospital Infirmary and their friends were privileged to hear a most delightful Talk to Nurses, from Miss E. K. Sanders, which talks the form of a résumé of the life and work of St. Vincent de Paul, dwelling more especially on those parts of the work of the priest and philanthropist which touch on sick nursing and the founding of the Society of the Sisters of Charity.

The nurses were asked to follow her in imagination to Paris—the Paris of 1600 or thereabouts—a Paris one quarter its present size, and composed of the most bewildering contrasts in architecture—for grandeur, nothing that we have in London of the present day is in any way comparable to the magnificence of some of the private dwellings, and huddled close alongside this magnificence, the filthiest and most unspeakable hovels—the thieves' quarters under the arches, where even the police dared not venture—and everywhere at night the total blackness of unlighted streets. The only sources of public charity were the monasteries and the hospitals—the latter supported by voluntary contributions to such a liberal extent in some cases that the patients depended for food on that which was sent from the kitchens of the rich houses and sometimes personally distributed by the great ladies of the city.

Into this Paris came a priest—Saint Vincent de Paul—a man of small learning, and about fifty old, who for the past fifteen years had been tutor in a great man's house. He came to Paris with the intention of making the city his headquarters between the intervals of visiting the surrounding small villages and holding there with the assistance of other priests parochial missions.

It was the wife of a magistrate, Mme. Guassault, who tried to persuade Saint Vincent de Paul, much against his will, to organize, in connection with the chief hospital, the Hôtel Dieu, a band of forty or fifty Ladies of Charity, who it was proposed would combine exhortation and religious instruction with the giving of food. This was actually achieved, and for quite six months the charm and novelty of bed-making by princesses proved a successful draw to many society dames; but in time, counter duties prevailed, the fascination of novelty wore off, and the maids of the charitable ladies were deputed to carry on this excellent intention. As the maids, however, "didn't see it," the plan was on the verge of collapse, when Madame la Gras, being immensely impressed by Saint Vincent de Paul, added her persuasion and went farther than either Mme. Guassault or her grand lady followers. Mlle. la Gras, with great tenacity of purpose (for Vincent de Paul had hitherto shown no keenness about women's work, nor any belief in women's usefulness), took a house near his quarters, and by herself and totally unaided began a systematised visiting of the sick, having had considerable previous experience.

Meanwhile Saint Vincent de Paul's parochial meetings were stirring up a spirit of self-sacrifice among the peasants, and when they had reached the stage of offering practical help as a result of their teacher's efforts, he was inspired to suggest to them that a very tangible form of help would be to send the women among them, farmers' daughters &c., to join Mlle. Le Gras in her enterprise. They eagerly volunteered for this service, and untutored women and girls began quite miscalculating the Society known as the Sisters of Charity of St. Vincent de Paul. As an illustration of the universal ignorance prevalent at that time in all branches of nursing, Miss Sanders told of the periodic appointment of the maternity nurse, which was an official post and recognised by Government. When a vacancy fell due, notice of it was given out from the pulpit, and when one enquires what the parish priest could possibly know about a suitable selection of this kind one learns it was necessary to choose a candidate well grounded in the faith, as so many babies died in her care that her chief duty would probably be to baptize them.

The Sisters of Charity were not at first a religious Order, but essentially a voluntary and detachment, and the difficulty of selection was considerable, the chief idea of some applicants being their desire to see Paris. Although there was never any question of money, some candidates, fearing destitution in their old age, tried to secure their future by enquiries of Mlle. Le Gras. In her perplexity she appealed to St. Vincent de Paul, whose uncompromising verdict was that "the bare idea of making such a bargain disqualified them at once."

Country parishes quickly followed the example set by the Hôtel Dieu, and soon had their own little bands of two or three Sisters who would nurse the sick poor in their own houses. Although none of them were educated women, they were yet widely different in their upbringing, experiences, dialects, &c., and this created many difficulties when friction arose. That no sort of relaxation was permitted is seen in Mlle. Le Gras' letters, the complaints against both an alarmingly fat Sister and an inclined-to-be-lazy one meeting with the same prescription—Hook. On hearing of some mild frivolity entered upon in celebration of Twelfth Night, their leader wrote: must strongly urging them to desist, cautioning the offenders against the extreme danger to their souls' welfare, of such practices, and on all occasions she would remind them of their self-sacrifice and the dignity attaching thereto. St. Vincent de Paul was never so hard on them. Of the hardships encountered by the Sisters there is a hint given in the statement made to an architect that their only parlour and kitchen was also used as the school and out-patient department! Any display of ambition in their profession, either educational religious, or medical, was always severely censured.
by both Mlle. Le Gras and St. Vincent de Paul as a check to humility.

Some of the Sisters were sent to work under the Ladies of Charity, a not always satisfactory arrangement, as any friction that ensued often resulted in the Ladies of Charity sending reports full of abuse to headquarters in Paris, and circulating unpleasant tales about the Sister in the town itself. And the sisters got no redress; the only alternative to the severe admonition from S. Vincent de Paul or Mlle. Le Gras would be a caution to "be patient" under all circumstances. The Queen of Poland sent for two or three Sisters, and in allotting their work invited one to remain with her permanently. As this would have meant a life of comparative luxury, it says much for the principles of the Order when we learn that the invitation was refused promptly and absolutely by the Sister.

There was naturally much that was disheartening to be heard by their leaders from these scattered missions where means of communication were so difficult, travelling a long and expensive business, and the distances to be reached forty, one, and 150 miles in all directions. Such was the state of things during peace, but when civil war broke out and whole villages were devastated, the lazy and pleasure-seeking among the Sisters, who had hitherto been a short fingers, now rose to the occasion and proved themselves everything that was heroic in remaining in plague-stricken quarters, succouring the victims of famine, in nine cases out of ten dying in action. Miss Sanders conjured up a realistic picture of the horrors of war from the nursing standpoint—the improvisation of hospitals in churches and barns, with no provision whatever made for the nurses themselves—she emphasized the point that they had absolutely nothing to gain in peaceable times; but when there was war they volunteered their actual lives, dying beside their patients as often as not, and those who returned were sent off to remote villages where their sacrifice was never heard of; there was no question of reward or promotion or knighthood of any description.

During the Siege of Calais, after a battle outside the town there were 500 or 600 sick and wounded in the hospital. The Queen Regent sent for the Sisters of Charity and only four could be spared. Fever broke out in the hospital, two of the four Sisters died, one fell sick, and the fourth was left to struggle on as best she might with the entire hospital. Another four were requisitioned and of the forty or fifty who volunteered only five were selected as suitable.

A weekly conference was instituted by S. Vincent de Paul for those Sisters who worked in Paris, and it was in these weekly talks he told them all his ideals for their profession—by asking questions he would endeavour to gauge their limitations and elucidate the many problems daily occurring in their often trying experiences—he it was who lifted their lives above slackness, a tendency to shirk and that desire for small amusements so rife among the majority, and showed them that tremendous ideal the nursing profession should make so peculiarly its own, and upon which he himself concentrated so many years—a life of "goodwill, doing service."

Miss Sanders concludes by reminding her hearers that the origin of the Sisters of Charity is due to S. Vincent de Paul, and undoubtedly their achievement in their Founder's life time and in the intervening centuries, touches heights of self-devotion which have no parallel in the records of reasoned social service. But to say that S. Vincent de Paul was their inspiration and to say no more is to risk a false position. It was the supreme desire of their Founder to point them to an inspiration higher than he could give, and it would be impossible to have true understanding of the lives of some of them unless we are prepared to admit that they were given, not merely in human obedience to a saintly leader, but in complete self-offering to Our Lord Himself.

Miss Sanders very appropriately closed her impressive address with the very beautiful Prayer written by St. Vincent de Paul for the use of the Sisters of Charity.

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**TRUE TALES WITH A MORAL.**

**THIRSTING FOR BLOOD.**

Crowded Hall at Institute, where a Red Cross Lecture on Hemorrhage is about to take place.

Seats filled with fashionably dressed ladies armed with note books and pencils.

Smart lady arrives in a flurry and attacks doctor standing in doorway: "Oh! doctor, do tell me where I can see blood, I do so want to see blood; I am sure I should not mind anything if I could just once see blood."

Doctor (nervously backing towards doorway): "Oh! I daresay we can manage that for you; you must come to our hospital and see an operation."

Trained Nurse (who has been Out-patient Sister in a Children's Hospital, and who is seated next to smart lady, chips in): "Excuse me, Sir, but may I suggest that this lady's abnormal thirst for blood might be assuaged if she attended the Out-patient Department on Adenoid day; recommend her to sit by the patients recovering from the anaesthetic and help to clear up."

Smart lady hastily changes her seat, and the doctor escapes through doorway!

**NOT LIKELY.**

*Nurse.—* "Oh! Sister, I feel just burnt up with patriotism, I must get to the front, I don't feel I can wait another day."

*Superintendent.—* "I wonder if the wounded were women if you would feel that way."

*Nurse.—* "Not likely!"
THE FRENCH FLAG NURSING CORPS.

Urgent telegrams from Miss Ellison have been received by the President of the above Corps for more nurses to be sent at once, and the Committee have been working unceasingly sifting the references of candidates so that as far as possible only the best trained and most suitable women shall be sent to nurse in French Military hospitals. At a meeting of the Committee most encouraging reports were received from Miss Ellison, Mrs. Dalrymple and Miss Haswell, and it was arranged to send out sixteen nurses, all holding certificates of three or four years' training, on Thursday, November 5th. To complete Unit I: Miss A. M. Harris and Miss B. S. Garner, R.N.S., and Miss A. Willetts and Miss J. Macnab, Queen's Nurses.

Unit III.—Miss Annie Hawkins, Supervisor, late Queen Alexandra's Military Nursing Service for India, and Miss B. T. Case, Miss A. L. Wilcox, Miss E. M. Powney, Miss E. Harpison, and Miss E. W. Bale, Supervisor, trained at the Royal Victoria Hospital, Montreal.

Unit IV.—Miss M. Conway, London, Supervisor, Miss M. A. Lindsay, Miss K. P. Jackson, Miss E. Pilkington, and Miss E. I. Barratt, of the London Nurses' Co-operation, and Miss C. M. Richard.

A large number of well-trained candidates have applied to join the Corps, and on Thursday, November 12th, six more units will be ready for service.

Unit V.—This will be composed of five Guy's Sisters and nurses, with Miss H. L. Colchester as
Division of 75 nurses will be complete and on duty.

Matrons in Scotland and Ireland have been invited to select units for the French Flag Nursing Corps, so that we may prove how national is our sympathy with the stricken soldiers of our Allies. Application forms may be procured from Mrs. Murray, 60, Newman Square, S.W., and from Mrs. Bedford Fenwick, 20, Upper Wimpole Street, W. The latter will be at 141, Oxford Street, London, W., to interview candidates or give information concerning the work on Thursday, November 5th, from 2 to 6 p.m., on Friday, 6th, from 11.30 to 1.30 p.m., and on Saturday, November 7th, from 11.30 a.m. to 3 p.m. Mrs. Fenwick will also see candidates by appointment at 8.30 p.m. on the 5th, 6th and 7th inst for the convenience of Sisters who cannot attend in the afternoon.

As all Supervisors of units must speak French fluently, thoroughly trained nurses, aged 30 to 40, who have this qualification, are requested to apply. All nurses contemplating work abroad should be vaccinated if they have not been done within the past five years, and inoculated for typhoid fever. They should also be photographed in uniform (the head) for use with passports.

As in some instances operations are being done in France without chloroform, a supply is being sent through the kind offices of Mrs. Murray, Vice-President of the F.E.N.C. to be used where required.

The picture on the preceding page of the first and second units of the French Flag Nursing Corps was taken in the garden of the St. Patrick Hospital, Rouen. In the centre of the group is Miss Grace Ellison with the supervisors of the two units, Mrs. Dalrymple and Miss E. J. Haswell, on either side.

ACTIVE SERVICE.

The terrible wreck of the hospital ship Rohilla on the dangerous coast between Whiby and Saltwick Nab, emphasises the risks run by those who care for the sick and wounded in this War as well as by the men of the Expeditionary Force. It is a relief that the Secretary of the Admiralty has announced that the following doctors and nurses are reported saved:—Surgeons T. Crosswell, R.N.; S. McBean, R.N.; T. C. Lither Jones, R.N.V.R.; A. W. Hild, R.N.V.R.; I. S. Ashcroft, R.N.V.R., and H. Leith Murray, R.N.V.R.

Nursing Sisters: Miss Mary B. Bennett, Miss Margaret (Muriel ?) Bennington, Miss O. L. Hocking, and Miss M. B. Paterson, who is a member of the League of St. Bartholomew's Hospital Nurses. One of the Sisters saved was on board the Titanic when she foundered in the Atlantic.

THE BRITISH RED CROSS SOCIETY.

The following unit left London for Rennes on Saturday, October 31st:-


ST. JOHN AMBULANCE ASSOCIATION.

The following nurses have recently been sent abroad by the St. John Ambulance Association:—

To Dunkirk.—To the British Field Hospital: Miss C. Mayne and Miss A. Scanlan.

Care of The Duchess of Sutherland: Miss Heron-Watson.


SERBIAN RELIEF FUND.

The unit of Nurses for Serbia, whose names we published last week, went off very happily from Waterloo station en route for Southampton on Thursday, October 26th. Lady Paget accompanied the party, which included medical men, orderlies, and others, as chief organizer. Amongst those on the platform who gave them a hearty send off were Mr. Bertram Christian, Chairman of the Serbian Relief Fund, Sir Edward and Lady Paget, M. Boskovitch, the Serbian Minister, and M. Georgevitch, Secretary of the Serbian Legation. The train steamed off to the moment, indeed, so unexpectedly, that some of the party were pushed into the carriages while it was actually in motion.

EN ROUTE FOR PETROGRAD.

As we go to press news arrives of Miss Thurstan from Boden, where she and her party were spending the night on the way to Petrograd. Boden is in the very north of Sweden, the last village before Lapland, and just outside the Arctic circle. The next day they were to go to the extreme limit of the railway and then drive to Timeo. Miss Thurstan writes that it is very cold, but the starlight the loveliest she has ever seen, and everything white and sparkling with hoar frost. She spent a few hours in Stockholm, where she was charged with many greetings to this Journal from the Editor of the official organ of the Swedish nurses. We shall hope for news shortly from Petrograd, where Miss Thurstan will put the services of her party at the disposal of the Russian Red Cross.
NURSING AND THE WAR.

ROYAL SYMPATHY FOR HEROIC NURSES.

There is no doubt that British nurses covered themselves with glory during the bombardment of Antwerp by their devotion to their patients under fire, and their almost superhuman fortitude in conducting the wounded to safety. Nothing could have been finer than their courage. We feel sure these nurses, many of whom are now on the French and Belgian seacoast, working untiringly for the comfort and recovery of sick and wounded, will be glad to know that Her Majesty the Queen has read of their heroism and fully appreciates it. A Lady-in-Waiting, in writing to a member of the nursing profession, says, "Their devotion is really most touching and noble." No doubt when this terrible time is past and the war over the Queen will give proof of her appreciation of the splendid work of British nurses for our troops at home and abroad.

Her Majesty Queen Alexandra most graciously commanded Sister Haswell, of the Registered Nurses' Society, to Marlborough House on Saturday last—no doubt as the Sister in Charge of the nurses on their return from Brussels, and their representative in the charming courtesies accorded to them in Copenhagen and Christiania. Unfortunately, Sister Haswell was unable to obey the Royal Command, as she is in France as Supervisor of Unit 2 of the French Flag Nursing Corps, at the Military Hospital at Rouen, but we feel sure she will be deeply gratified when she learns of the honour intended for her. We learn that the members of this Corps already at work are very happy and very busily engaged.

We have mentioned how useful rubber gloves would be as a parting gift to nurses nursing in military hospitals. A nurse writes us from Deauville: "I find from a postcard from Tournon you were the kind donor of the rubber gloves posted in Paris to me. You will know how useful they have been to me when I tell you that for more than a fortnight I have had the care of the patients suffering from typhoid fever. They were isolated here from the hospital where they were receiving treatment for wounds. This is a comfortable villa with accommodation for twenty soldiers. At present the Major has put me in charge, and have the help of an adjutant for the nursing, a cuisinière and a femme de chambre for the cooking and cleaning. There is not one person who can speak English in this house.

"We spent one day at Havre last week, and it was delightful to see the khaki, and the sound of ordinary English was very good."

This letter proves how necessary it is that the utmost care should be taken by nurses when in military hospitals when attending suspicious cases. Rubber gloves are a very great safeguard for all concerned.

In Melbourne 300 nurses have volunteered to go to the front, though only 45 are required from Victoria.

The nursing contingent of the Canadian Expeditionary Force are greatly doping their stay in London before being assigned to duty. Some of their number go every evening to Queen Alexandra's Military Hospital at Millbank to learn the routine work, and methods of keeping records, and sometimes help with dressings. "Everybody is so good to us," said one of the nurses, "one seems just living with a lump in one's throat all the time." Prettissue Alexander of True last week welcomed the contingent, numbering 120, to the Middlesex Hospital, of which Prince Alexander is Chairman.

The National Union of Trained Nurses.

The Central Office of the National Union of Trained Nurses has been very busy this week supplying trained nurses for the temporary hospitals for wounded that are being mobilized all over the country. A number of nurses have also been sent to the St. John Ambulance Association and to those who are organizing the French Flag Nursing Corps.

The nurses who will be working with the Society of Friends under the auspices of the "Association des Infirmières Visiteuses de France" are Miss Evelyn Broad, Miss Lovegrove, Miss Kathleen Townshend, Miss Eleanor Turnell, Miss Ethel Ubsdell, Miss Maria Webbe, Miss Kathleen Paterson, Miss Edith Pierce Toms, Miss Dorothy Sumsbury, Miss Isabella Nicholl, Mrs. Clare Jackson, Miss Mabel Allen, Miss Denham, Miss Topley. Seven of these are members of the N.U.T.N. and six are Queen's Nurses.

The Society of Friends' Expedition starts for Paris on November 6th, in charge of Dr. Hilda Clark, and Mr. F. E. Harvey, M.P. Those who are going into the devastated country, will proceed from Paris by motor to the area indicated by the French War Office. They will be under the protection of the British Red Cross Society in case of need, but they will also wear the replica of the badge worn by the Society of Friends on their expedition in 1879, stamped by the French War Office.

The following extract is from a letter received by the Secretary from the mother of one of the members of the National Union of Trained Nurses serving with the British Field Hospital for Belgium.

"They had to leave Furnes on account of the Germans approaching, where they were working hard with so many wounded who were sent either to Calais, or the worst of them to the Civil Hospital and they themselves were sent to Peperinge to a Convent. However, she expected to return to Furnes on the day she wrote—the 20th—as the Germans were retreating again, so they are very near the Front."

"She described the wounds as terrible, they had ten amputations in one day, and such numbers coming in it was almost impossible to cope with them. The Queen of the Belgians had visited them twice and had been most kind and sweet, and they have been officially attached by the Queen to the regiment."
THE AMERICAN WOMEN'S HOSPITAL, PAIGNTON.

The American Women's Hospital, at Oldway House, Paignton—the princely gift of Mr. E. Paris Singer, who also acts as organizing manager to the Committee—is a stately house, capable of accommodating 200 or more patients, with a superb view over Torbay, and out over the English Channel, where—on a fair day—the blue sea contrasting vividly with the warm red of the cliffs, rivals in colour that of the Italian Riviera.

Arriving at the hospital, I was most courteously received by the Matron, Miss Gertrude Fletcher, who was trained at the Royal Prince Alfred Hospital, Sydney, under Miss McGahey; and who has had a variety of experience, including that of war nursing during the South African campaign. Ascending the beautiful marble stair-case, the centre of which has been now covered with wood, as the polished marble proved dangerously slippery, in the every-day work of a hospital, we paused to admire an arresting picture by David, of the coronation of Maria Louisa, the second wife of Napoleon I, a counterpart of one in the Louvre by the same artist. Hence, we went to the ballroom, now utilized as a ward. The placing of the beds caused much consideration, for, on the window side they could not be conveniently placed in the spaces between the windows; besides, the room is very wide, and much floor space in the centre would have been wasted had this plan been adopted. Ultimately it was decided to have three rows—one against the blank wall, and the other two placed head to head down the middle of the ward, but divided by a low partition made in sections which are easily removable, and raised two feet from the ground so as to allow of free ventilation while affording the necessary privacy. The French windows open on to a wide balcony, on to which patients can readily be wheeled, and affording a view over the bay and surrounding country bewildering in its beauty.

Connected with the ballroom by a short stair-case is the musicians' gallery, at present utilized for the storage of splints, crutches, bed rests, and other necessary appliances.

Some of the rooms used as wards are circular in shape, and the effect is excellent. They are, moreover, without the central stove and shaft, which in many circular wards prevents the nurse from seeing all the patients at the same time—always a great disadvantage.

The men appear as happy as possible, and to judge from the sound of gramophones, to be heard in all directions, they must be recovering from their wounds and other ailments. I was assured, however, that they must be very ill indeed for the delights of a gramophone to pull upon them; indeed, one man, recovering from an anaesthetic, begged that a gramophone might be placed quite close to him. Another amusing incident was that the patients in one ward petitioned for
the loan of six gramophone records, which were willingly lent. By and by the borrower reappeared, with the request, "Could you lend us a gramophone to play the records on?" The story, when it reached Mr. Singer, so appealed to him that he promised the ward a gramophone of its own. That makes the sixth with which the wards make merry one against the other.

In one ward a patient was making coloured flowers most cleverly out of ribbons. He is a character and an acrobat, and when the Sister thinks he is sweeping the ward, she may chance to see that to the amusement of his comrades he is balancing the broom, head upwards, on the tip of his nose.

Of course, sanitary accommodation has had to be added to fit the house for its present use, and the arrangement is excellent. The bath rooms are well planned; there are plenty of shelves for bed pans and other crockery. Amongst the former, I noticed the Meinecke "Perfection" pan—which deserves its name because it is so comfortably adaptable, and anatomically correct. The w.c.'s are arranged in a row, side by side, with their own passage, and shut off by a door from the bathrooms.

The nursing staff working in the main building include Sisters Graham, Bates, Taylor, Field, Scott, McBurney, Jefferys, Hamar, Weaver, Crommelin, Walsh, Cornell, Hotin, Reid, Mary Reid, Pomeroy, Perkins, Hill, Danson, and Price. Our illustration shows this staff with Miss Fletcher in the centre of the group. Amongst these are representatives from the London, University, Westminster, St. Mary's and Bradford Hospitals. Several Australian Hospitals are also represented and two American.

The Medical staff includes Mr. J. Ernest Lane, F.R.C.S., Senior Surgeon, St. Mary's Hospital, Paddington, as Principal Medical Officer; Sir William Osler, F.R.C.S., F.R.S., as Consulting Physician; Sir Rudolph Smith, F.R.C.S.; Dr. W. W. Stabb, Hon. Surgeon and Physician; Colonel Gunning, Commandant; Mr. Rupert Farrant, R.M.O.

The American unit, who came over in the Red Cross with Miss Hay, and were assigned to duty at the American Women's Hospital, with Sister Mabelle, a graduate of the City Hospital, Boston, as Supervisor, work in "Munsey"—a large ward.

**The English Staff, American Women's Hospital, Paukton.**

Mr. Paris Singer, Mr. Ernest Lane, F.R.C.S.

Miss Fletcher.
THE AMERICAN STAFF, AMERICAN WOMEN'S HOSPITAL, PAIGNTON.

Dr. Leonard.  Dr. Beal.  Sister Mabelle.  Dr. Fitzsimmon.
seems admirable for the purpose. The idea was Mr. Singer’s, as the ordinary materials were found to be too heavy, and it is certainly a success.

Another department of the work which is of the very greatest service is the information bureau, managed by local ladies. They attend daily, straighten difficulties, find out from the Sisters and give information to relatives of patients who are on the danger list, arrange hospitality in the village for relatives who come from a distance, and deal with many of the questions in the Matron’s correspondence, see that patients have note paper and envelopes, write letters for them, take visitors round the hospital, and do a hundred and one other things to which the busy nursing staff have not time to attend. It is an invaluable bit of service.

The management of the library is in the most capable hands of Miss J. H. and Miss Mary Findlater, who are residents in Paulton.

Just one more word. I was told that the very first thing the men want when they come in is a smoke. Cigarettes and pipes are bestowed upon the hospital in plenty, but very little tobacco, and some men do not care for cigarettes, so tobacco would be a very welcome gift.

The Committee of the American Women’s War Relief Fund, 31, Old Burlington Street, London, W., of which Lady Paget is President, are greatly to be congratulated on the support which their scheme has received, and on having secured so capable a secretary as Miss Willis. Much money is necessary however to keep up this splendid hospital, and contributions will be gratefully received by the Hon. Treasurer, Mr. Walter Burns, 59, Grosvenor Street, London, W.

M. B.

AN URGENT NEED.

The havoc wrought by the War is evidenced not only by wounds and physical disease, but in the condition of mental overstrain and shock of many gallant soldiers returning from the front, due, as Lord Knutsford points out in a letter to the press, to exposure, excessive strain, and tension. These men can be cured if they can receive proper attention from physicians who have made a specialty of treating such conditions, but at present there is no adequate provision for their care. Yet no class of case is more pitiable, and if the delicate nervous system is to recover its peace prompt treatment is an urgent necessity.

Lord Knutsford, to whom the pathetic spectacle of brave soldiers broken down mentally in this ruthless War makes an urgent appeal, asks the public for £60,000 to enable a scheme which has the sanction and support of the War Office, to provide a quiet home in London, and another in the country, where under suitable conditions they can receive remedial treatment.

Money and offers of houses can be sent to the Hon. Secretary, C. R. Giffard, Esq., 4, St. James Street, S.W. The need is urgent, and we hope Lord Knutsford will obtain the very moderate sum for which he appeals.

THE CARE OF THE WOUNDED.

Sir Arthur Sloggett, Director-General, has left for France to act as Chief Commissioner both for the Order of St. John and for the British Red Cross Society. He will be assisted by Sir Savile Crossley as Assistant Chief Commissioner.

It has now been arranged that all applications for service from nurses and orderlies should be addressed to the joint committee of the Order of St. John of Jerusalem and the British Red Cross Society, at St. John’s Gate, Clerkenwell, and all applications should be made there.

Miss S. A. Swift, late Matron of Guy’s Hospital, London, has been appointed Matron-in-Chief of the Nursing Department in connection with the St. John Ambulance Association in succession to Miss Claridge, called up for duty at Norwich on the A.N.S.R. Miss G. A. Rogers, late Matron of the Royal Infirmary, Leicester, and Miss McCall Anderson, R.R.C., late Matron of St. George’s Hospital, are cooperating with Miss Swift to form the Selection Committee. The Association is to be congratulated on having secured the help of ladies of eminence in the nursing profession, and that the selection of the nurses sent to the front under their auspices will be in experienced professional hands.

A most interesting announcement is that the British Red Cross Society has been instructed to purchase and equip, for immediate dispatch to the Front, a motor ambulance "out of the profits arising from Sir E. T. Cook’s 'Life of Miss Florence Nightingale.'" They could not be applied to a better use, but let us hope that only fully trained nurses will accompany the Florence Nightingale Ambulance. The great founder of modern nursing, who took infinite pains to obtain the training which would make her efficient, had no use for shoddy nursing.

The illustration on page 308 shows the ex-Empress Eugenie in the grounds surrounding her beautiful house at Farnborough Hill, which she has converted into a military hospital, with the nursing staff, and convalesce its patients.

Miss A. M. Beedie has been appointed Matron of the hospital to be opened at Chaldon, Surrey, where Lord Onslow has generously placed his house at the disposal of the military authorities.

Miss Meriel Buchanan, daughter of the British Ambassador at Petrograd, describes the Russian wounded as bearing their pain with heroic patience.

Prince and Princess Peter Wolowsky have provided a fully equipped field hospital and gone to the front with it.
The Times correspondent, writing from Rovno, speaks highly of the efficiency of the provision made for the Russian wounded, more especially as the Russian military department has been obliged to care for and treat many thousands of wounded of the enemy who fell into their hands, and thinks that our ally may well be proud of the re-organisation that ten years has seen in her military department. The hospitals—eight huge barracks which have been re-modelled into hospitals, and one under the Red Cross of Russia—are as complete in equipment as the city hospitals, and the results excellent. In one where 2,000 patients had been received, there had been only 12 deaths. Wards for officers and men have the same equipment in beds, blankets, &c., and all are apparently treated exactly the same by the nuns who care for them.

The medical correspondent of the same paper writing from Boulogne, says that the hospitals are now almost full, but the stream of wounded continues, and must continue. "Because improvement is possible,” criticism has become a duty. The plain facts are that we have not sufficient hospital accommodation in the North of France; that the principle of bringing as many cases as possible to England is being pushed to a dangerous extreme on this account, and finally that there is a great lack of efficient and experienced nurses.

"Immediate case hospitals” are required near the lines, each under the control of a surgeon of repute, each properly staffed with trained nurses—by "trained nurse” is meant a woman having a hospital certificate showing that she has received a course of some three or four years’ duration—and properly supplied with dressings and medicines. Behind these we must demand base hospitals capable of taking in all the severe cases other than absolutely immediate cases, and near enough to the lines to avoid undue suffering in travel to them. And here again we must demand surgeons and nurses—comparison between the number of nurses in the R.A.M.C. and the Red Cross hospitals is all in favour of the latter.

"Finally, antiseptic surgery must be practised, and not aseptic. The latter, which aims at cleanliness without the use of germ-killing substances, is useless where infected wounds are concerned."

THE EMPRESS EUGENIE AND LADY DOROTHY HAIG, STAFF AND CONVALESCENT PATIENTS IN THE GROUNDS AT FARNBOROUGH HILL.

The arrangements for the removal of the British wounded from the fighting line to the base hospitals are stated to have been thoroughly reorganized and to be working admirably.

The Committee of the Queen’s Canadian Military Hospital, Shorncliffe, have received a generous supply of clothing through Queen Mary’s Needlework Guild. They are appealing for wheelchairs, carrying chairs, crutches, bedrests, woven vests, and drawers, socks and health bands. Parcels should be sent to the Ladies’ Committee of the Hospital at the Westminster Palace Hotel, Victoria Street, S.W.
APPOTNMENTS.

MATRON.

Woodford Jubilee Hospital, Woodford Green, Essex. Miss A. E. Mytton has been appointed Matron. She was trained at the Forbury Hospital, Torquay, and has held the position of Sister at the National Hospital, Queen Square, and the Cancer Hospital, Fulham Road, S.W., and of Surgical and Theatre Sister at the Children's Hospital, Paddington Green.

Blaina and District Cottage Hospital, Miss Alice Lee has been appointed Matron. She was trained at the Royal Infirmary, Liverpool, and has been Staff Nurse at the Royal Infirmary, Oldham, and is at present Assistant Matron at the Hospital and Dispensary, Newton Abbot.

The Infectious Diseases Hospital, Dover.—Miss K. Ives has been appointed Matron. She was trained at the Portsmouth Infirmary, and has held the position of Senior Charge Nurse at the Walthamstow Sanatorium, Clapham, and of Charge Nurse at the Grove Fever Hospital, Tooting, under the Metropolitan Asylums Board. She is at present Matron of the Isolation Hospital, Luton.

ASSISTANT MATRON AND HOME SISTER.

Royal Infirmary, Sheffield.—Miss Mabel K. Coggins has been appointed Assistant Matron and Home Sister. She was trained at St. George's Hospital, London, and has been Sister of the Electrical Department and Ward Sister at St. George's Hospital, and Home Sister at the Warenford Hospital, Leamington.

SISTER.

Leigh Infirmary, Leigh. Miss Gertrude Brown has been appointed Sister of the X-Ray Department and Women's Ward. She was trained at the Northern Hospital, Liverpool, and at the Liverpool Maternity Hospital, Brownlow Hill.

Selby Oak Infirmary, Birmingham.—Miss Kate Roberts has been appointed Sister. She was trained at the Fulham Infirmary, and has held the position of Charge Nurse under the Lambeth Board of Guardians.

Miss Lizzie Baggot has also been appointed Sister in the same institution. She was trained at the Bradford Union Infirmary, and has also done district and private nursing in Bradford.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses, to date October 1st, 1914. The name of the country indicates where the nurse received her district training.

ENGLAND.


WALES.

L. Fittercot, M. E. Jones, A. Thomson, E. Watt, and C. Jones.

SCOTLAND.


IRELAND.

C. B. Brannan, E. Healy, B. A. McGinley, M. A. Murphy, M. A. Nally, B. O'Kane, and J. McLaughlin.

TRANSFERS AND APPOINTMENTS.

Miss Lilian Golds is appointed to Rawmarsh and Parkgate; Miss Bridgid McGinley is appointed to Barnley.

FOREIGN SERVICE.

Miss Alice Simpkin, a gold medallist of St. Bartholomew's Hospital, E.C., who since 1908 has held the position of Sister of Hope Ward, has volunteered and been accepted as a member of the Universities Mission to Central Africa. Miss Simpkin hopes to leave England for Nyasaland with other members of the Mission, on November 6th.

PRIZES FOR NURSES.

The annual prize distribution took place at the Children's Hospital, Bristol, on the 20th ult. The Matron (Miss Mattick) read the list, as follows:—Prizes and certificates awarded for general proficiency to nurses at the close of their two years' training—1. Nurse Margaret Davies (presented by the President); 2. Nurse Orr-Ewing (presented by Mr. W. Garbett); certificate of merit—Nurse George. Prizes awarded for surgery and anatomy—Second year nurses—1. Nurse Margaret Davies (presented by Mrs. Melville Willis); 2. Nurse Orr-Ewing (presented by Miss Lowe); certificate—Nurse George, First year nurses—1. Nurse Cornock (presented by Miss Phillips); 2. Nurse Gloyne (presented by the Matron); certificates—Nurse Potts and Nurse Burcombe. Prizes awarded for medicine and physiology:—Second year nurses—1. Nurse Margaret Davies (presented by Mrs. Melville Willis); 2. Nurse Salter. First year nurses—1. Nurse Potts (presented by Mr. E. J. Swami); 2. Nurse Cornock; certificate—Nurse Burcombe.
**NURSING ECHOES.**

A course of addresses on "The War and the Kingdom of God" are being given under the auspices of the Nurses’ Missionary League on the four Thursday evenings in November, from 7-45 to 9 p.m., at 33, Bedford Square, W.C., by kind permission of the Misses Gregory. The Chairman on each occasion will be Miss C. A. N. Trollope, and the speakers Nov. 5th, Mrs. Douglas Thornton (formerly of Cairo); Nov. 12th, Miss Mayers (S.P.G.); Nov. 19th, Miss Fairfield (Student Christian Movement); Nov. 26th, Dr. H. T. Hodgkin (formerly of China). All members and friends of the League are cordially invited to be present. Tea will be served.

On Saturday, November 14th, a sale of work, in aid of the Nurses’ Missionary League, will be held at Sloane Gardens House, 52, Lower Sloane Street, S.W., from 10 a.m. to 6 p.m. The League is confronted with many opportunities for usefulness, and as it depends largely upon the Sale for its income, the Committee earnestly invite support, in spite of the many claims upon everyone at the present time. Useful or fancy articles, cakes, sweets or money will be gratefully received by Miss H. Y. Richardson at the above address. Members of the League are asked to make the Sale known amongst their friends.

The autumn meeting of the Bristol and Somerset Board of the National Union of Trained Nurses was held at Bridgwater on October 28th. It was reported that the postgraduate training scheme had been much appreciated; four members had received training for some weeks—three in sanatorium work in sanatoria, and one in a general hospital. Resignations of various Branch Secretaries were received with great regret by the Board. The Board voted £10 to be paid out of its funds towards the expenditure to be sent out to France for medical nursing, and sanitary work in the devastated areas, under the auspices of the Society of Friends, and £10 towards the expenses of the London office, the resources of which have had a heavy strain owing to the extra work put upon it owing to the War.

Mrs. Martin, who is organizing Maternity Centres and Schools for Mothers’ Work in Somerset, was present, and explained the L.G.B. and Board of Education schemes to the Board. She is kindly willing to help any member of the N.U.T.N. in inaugurating this work in Somerset. If any member would like to avail themselves of Mrs. Martin’s help, application should be made to Miss Fry, the county organizer. It was felt that members of the Union might do very useful pioneer work in this direction, and some of the members are already starting the work in their districts.

The Weston-super-Mare Branch of the above Union held the first meeting of its autumn session on Thursday afternoon, the 29th ult., at Clarence Croft, by the kind invitation of Mrs. A. V. Pawson. Miss Browne presided. Dr. Roxburgh gave a very interesting lecture on "Pneumonia." A comprehensive account of the disease was given, together with the chief points to be observed in nursing it. The lecturer also pointed out that pneumonia is now known to be due to the action of a specific germ upon an enfeebled system, and should be regarded as an infectious fever; consequently the methods of treating it have changed very much.

The Branch Secretary announced that it was hoped to hold monthly meetings during the winter, and that Mr. F. W. Bere had kindly promised to give them a lecture in November on "Some Causes of the present European Crisis." A very pleasant afternoon concluded with tea.

The Bradwell Joint Hospital Committee have agreed to keep open the position of the Matron of the Sanatorium, Miss Carter, called up by the War Office for duty, and to make her salary up to the amount she receives in their service.

Miss Edna L. Foley, R.N., Superintendent of the Visiting Nurse Association of Chicago, which provides trained nurses for the needy sick in their own homes, is the author of an admirable "Visiting Nurse Manual," which is published under the auspices of the National Organization for Public Health Nursing. Miss Foley, whom we had the great pleasure of meeting in this country recently, tells us that the book is not being put out through book-sellers, and is not sold with the intention of making money.

In the introduction to this interesting and most practical and useful manual, Miss Foley reminds the visiting nurse that "she should remember that she is not an isolated unit giving nursing care in various homes, but the trusted representative of the Visiting Nurse Association of Chicago. Her uniform implies trained skill, intelligence and authority. When wearing it, she is the paid agent of citizens whose liberality enables her to give this skill and training to people unable to provide it for themselves." Would that the nurse’s uniform invariably conveyed the same meaning!
PRINCESS MARY’S FUND.

Every one will be pleased that Princess Mary’s endeavour to raise funds to send a Christmas gift to each sailor and soldier on active service is being so well supported. We hope subscriptions will continue to pour in. They should be addressed to Her Royal Highness Princess Mary, at Buckingham Palace, and envelopes should be marked “For the Sailors and Soldiers.”

HOSE-TOPS FOR HIGHLAND REGIMENTS.

The Marchioness of Tullibardine writes from Boughton House, Kettering, Northants: “The Marchioness of Tullibardine presents her compliments to Mrs. Bedford Fenwick, and it would kindly insert the following appeal she would be extremely obliged, as your Journal has such a large circulation among the nursing profession who may like to help.”

We, with pleasure, give prominence to this appeal for 15,000 hose-tops which Lady Tullibardine has been asked by Lord Kitchener to collect for the men of the Highland Regiments at present serving with the Expeditionary Forces. They are of a pattern approved by His Majesty the King, and are to be made long enough to pull over the knee in bad weather. Though a kiln gives great warmth round the waist, it has disadvantages for the men spending nights in wet trenches, and Lord Kitchener appeals to the Women of Scotand to send these hose-tops to the Highland Regiments by November 14th. Donations, which will enable orders to be placed at once amongst the many fisher girls who have been deprived of their main source of livelihood by the War, will be specially welcome. Suitable wool can be obtained from Messrs. Pettigrew & Stephens, Sauchiehall Street, Glasgow, which should be in khaki, light heather, and inconspicuous mixtures. Grey is not authorized. They are easily and quickly made, and require about 72 cuts (or 4 skins) of wheeling, or 2 cuts (1 skin) of fingering. Directions for making the hose-tops can be obtained from Lady Tullibardine. All communications should be marked “Hose Tops” on the outside.

“WINCARNIS” CO.’S GIFT TO TROOPS.

“What you want and how to say it in French,” is the title of a neat and handy little booklet, which is being furnished to our troops at the Front, with the compliments of Messrs. Coleman & Co., Ltd., Wincarnis Works, Norwich. It contains numerous phrases of just the kind likely to be needed, the English appearing on one page, and its French equivalent on the opposite page. The imitated French pronunciation is as true as any system of phonetics could well render it, but if Thomas Atkins should feel reluctant to try it he has the simple alternative left to him of indicating his needs by pointing to the French phrase or word.

The War Office authorities have expressed their appreciation of this generous gift in such large numbers to our soldiers, and hope that our men at the front may find the incorporation in the booklets an assistance to them in their intercourse with our gallant allies.

THE “ECLIPSE” HOT WATER BOTTLE.

We have pleasure in drawing attention to the merits of the “Eclipse” hot water bottle, made by Messrs. J. G. Ingram & Son, Hackney Wick, London, N.E. Points to be remembered about this bottle are that it is made by British labour, and manufactured of a first-class quality rubber that is guaranteed in every respect. The firm, moreover, gives a guarantee that their “Eclipse” hot water bottles are personally examined and tested under strict supervision as to the quality of rubber, workmanship, etc., and that with careful use in any climate, and storage under favourable conditions, they are warranted to give entire satisfaction, and will remain in a perfect state for two years, while they have been known to last as long as five. The bottles are made in all sizes, supplied with jug or loop handles, and the stopper fitted in is guaranteed not to slip, so that it is practically impossible for a bottle to leak in consequence of the stopper becoming loose. The “Eclipse” bottles are obtainable through all chemists.

The firm are contractors to the Admiralty and War Office, and other important Government Departments.

VIROL.

Among the concentrated foods, Virol rightly ranks high, for it is compounded of nutritious substances, largely red bone marrow, prepared with scientific skill, in proportions carefully adjusted to diet formula laid down by the most up-to-date physiologists. It is of proved value as a builder of waste tissue, and for this reason is frequently prescribed in conditions where the powers of assimilation are low, in any form of emaciation, and in convalescence from fevers, also for infants, both breast and bottle fed. The 4s. 6d. jar of Virol is now supplied for 2s. 1d., and contains as much as seven single shilling jars. It may be taken by adults spread on bread, biscuits or toast. Infants take it readily, mixed with milk in the feeding bottle.

Virol is made in England under the most hygienic and admirable conditions, and may be obtained through all chemists.
BOOK OF THE WEEK.

"THE PASTOR'S WIFE."**

Ever since the talented English author of "Elizabeth and Her German Garden" delighted us with her skill in portraiture, her descriptions of scenery, and her wit—most especially her wit, since there is all too little of it in the world, and this is of a rare quality—we have eagerly awaited new books from the same pen, and "The Pastor's Wife," just published, comes at an opportune moment to lessen the tension of life by making us smile, and to describe for us the province of East Prussia, of which, just now, we hear so much and know so little.

We meet the heroine, Ingeborg—daughter of the Bishop of Redchester, "handsome as an archangel,"—in Regent Street, tingling with life and happiness keenly sensitive to the beauty of a London afternoon.

Unexpected freedom had come to Ingeborg because the London dentist by a skilful extraction had in a few minutes relieved her of the unbearable pain in an offending tooth, which the local dentist had only tortured with tentative stopping.

So it tell out that, relieved of pain, with ten days' freedom, and a £1 to note in her pocket, she succumbed to the temptation of the announcement "A week in lovely Lucerne for seven guineas."

Next morning in the train she found herself opposite a "square German gentleman." The other excursionists were all in pairs; they thought Ingeborg too old, and put her down at first as the German gentleman's wife because he did not speak to her.

The German, whom Nature had intended for a man of science, and fate had made a Lutheran pastor, confided to her that it was a pious life. "It might not be amusing if it were not for the Sundays. They interrupt one's work," he said. "But they are your work," she said, puzzled. "No," "Then what," she asked, "do you fill your life up with?" "Manure," said the German gentleman. The ladies leapt in their places. "I am engaged in endeavours to teach the peasants in my parish how best to farm their poor pieces of land... The infinite combinations of it! When I shut the door on myself in the little laboratory I shut in with me all life, all science, every possibility. I analyse, I synthesise, I separate, reduce, combine. I touch the stars, I stir the deeps. The daily world is forgotten. I forget, indeed, everything except my research. And invariably at the most profound, the most exalted moments someone knocks and tells me it is Sunday again, and will I come out and preach."

By the time Dent's party had got to the top of the Rigi the pastor, much to his surprise, discovered that he was in love. Having so decided "He gazed very benevolently at the little figure

* By the author of "Elizabeth and Her German Garden." Smith, Elder & Co., 15, Waterloo Place, S.W.
LETTERS TO THE EDITOR.

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

THE NURSING OF SICK AND WOUNDED SOLDIERS.

We have received from Miss Beatrice Kent for publication the following letter addressed by her to the Secretary of State for War and the reply she received from the Army Council:

Mrs. Kent. To the Right Hon. Lord Kitchener, K.G.,

Kitchener of Khartoum.

My Lord,—In addressing you upon a subject of supreme importance, I invoke the operations and convictions of the whole of the Nursing Profession, that is to say, all those fully qualified persons who have had a complete training of the three years' standard in the theory and practice of nursing. Since the war broke out we have been made aware that "a list of conditions of women, full of zeal and kindness but without training (or inadequate training) have offered themselves as nurses to the Red Cross Society. It is known that some of these ladies have been sent to the Continent to work as nurses. We protest against this for two main reasons:

1. The indiscriminate selection of persons to nurse the sick tends to confuse the public mind, and will inevitably lower the prestige of our great profession.

2. We consider as patriotic women, that nothing but considerable experience with the highest skill is good enough for men who are risking their lives for their country; more especially as the nervous and physical condition of the wounded is bound to be, in many cases, very serious.

The existing state of things in the Nursing Profession points to the urgent need for a Central Authority, appointed by the State, to control nursing affairs in other words, State Registration for Nurses. This reform, for which there has been an agitation in England for more than twenty-five years, is in operation in many countries, with excellent results. England was the first to ask for it. We understand that the supervision of nursing by untrained persons at the Front has been forbidden by your Lordship; for this we are duly grateful, but there seems to be no doubt that untrained women are still nursing the wounded.

I remain, my Lord,

Your Lordship's obedient servant,

Beatrice Kent.

(Formerly Night Sister, Great Hospital, Dublin.

THE ARMY COUNCIL.

War Office,

London, S.W.

Madam,—In reply to your letter of the 8th instant, I am commanded by the Army Council...
to inform you that none but fully-qualified nurses have been sent to the Military Hospitals. It is understood that the British Red Cross Society also send out no one who is not fully trained. It is, however, inevitable in time of war that private individuals who have had inadequate training in the theory of nursing should volunteer their services, but over such individuals the Army Council have not necessarily any control.

I am, Madam,
Your obedient servant,

Miss B. Kent. B. B. Cubitt.

THE IRON WALLS OF THE BRITISH NAVY.
To the Editor of The British Journal of Nursing.

Dear Madam,—At the beginning of the Editorial in The British Journal of Nursing, October 24th, reference is made to something that is happening "behind the iron walls of the English Navy." The "English Navy" may be allowed to ask what is the "English Navy," and to state that no such Navy has existed for hundreds of years. Yet surely that is the case. The Navy which is doing such splendid work just now defending Britain and British Trade, &c., is the "British," not the "English" Navy, and belongs to the whole of Great Britain and Ireland. The vessels comprising it and their crews also sailing from various parts of the Kingdom, even from little Wales. As for the Army—so slightly alluded to in the press as "English," several of its most famous regiments belong to Scotland and to Ireland.

That being so it is nothing short of cruelty, as Lord Provost Stevenson of Glasgow has pointed out, to ignore those brave men of the sister countries who are giving their lives so freely on sea and land to maintain the integrity of the British Empire. Does anybody hear nowadays of the Prussian Army or Prussian Navy? Yet the German Empire is not yet half a century old. Even St. Petersburg, which only changed her name (childishly, I think) a few weeks ago, is now Petrograd all the world over. How is it then that although the Crowns and Parliaments of England and Scotland became united about 300 years ago, and with the addition of Ireland a century later became the United Kingdom of Great Britain and Ireland, the people south of the Tweed still go blundering along oblivious of the facts of history. King George V seems to be nothing more than King of England still, and a proud title too, according to some. In my opinion this is largely due to the carelessness of the press.

Had England been allowed to absorb the other countries it would have been different, but each has its own name in the Union and on the map, and it is more than time that the southern portion of the Kingdom realised that she is a part of that Kingdom and can never be other until the Union is dissolved.

I am, yours faithfully,

E. Horton.

Carmel Lodge, Prestwick.

[As a Scottish woman, we concur with everything our correspondent says. We fear the word English must have been a slip of the pen, as everyone is proud of the fact that our splendid Navy and Army are British.—Ed.]

REPLIES TO CORRESPONDENTS.

Animal Lover.—There is both a Blue and a Purple Cross Service for dealing with horses wounded on the battlefield. The latter, which has a central office in Paris, hopes to establish hospitals for wounded horses in various parts of France. It will be the duty of the Purple Corps to kill horses too badly wounded to recover and to convey the others to veterinary hospitals.

Miss P. (Birmingham).—Mrs. Graham Thompson, wife of the chairman of the Urban District Council, is appealing for money or materials to enable clothing to be made for the Belgian refugees at the Alexandra Palace, many of whom are without suitable clothing or means to obtain it. Remittances and parcels should be addressed to her at the Town Hall, Wood Green, London, N.

Miss Robertson, Cardiff.—By all means obtain a certificate of three years' training. It is no use attempting to do work for which you are not qualified, though there are directions in which untrained people of business-like habits can be useful. See our article this week on the American Women's Hospital. The training school you mention is of good standing.

OUR PRIZE COMPETITION.

QUESTIONS.

November 14th.—How should Cholera patients be nursed?

November 21st.—Mention the varieties of vomiting in young infants. What do they usually indicate?

November 28th.—How would you nurse a patient suffering from mental shock?

NEW SUBSCRIBERS.

The Editor hopes that every reader who values The British Journal of Nursing will encourage her friends to subscribe for it, so that its constructive work for the profession may receive ever increasing support. Don't forget that it is the only weekly journal edited by a trained nurse, and which supports (1) an efficient standard of Nursing Education, (2) State Registration of Nurses, and (3) Just Economic Conditions for Nurses.

OUR ADVERTISERS.

We would remind our readers that they can help The British Journal of Nursing by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.
The Midwife.

LEICESTER AND LEICESTERSHIRE MIDWIVES' ASSOCIATION.

A very successful meeting of the Leicester and Leicestershire Midwives' Association was held at the G.P.S. Rooms, 5, St. Martin's East, on Wednesday, October 28th. Midwives from the town and county, with others interested were present, among whom were Mrs. Head, Mrs. Fielding Johnson, Mrs. Paget, Miss Bacon, Miss Gray, and others. Dr. Montague Williams presided. Letters of regret at being unable to attend were received from Dr. Lewis Lilley and Dr. Robinson. The absence of the latter caused much disappointment to the Health Visitors and Midwives from the county.

Dr. Williams, in his opening remarks, stated that the Association was formed in February, 1914, by Miss Walker, and that Nurse Howe, as Secretary, had done much hard work for it.

Dr. Williams proceeded to say that he was old enough to remember the midwife of twenty-five years ago, and in those days in Leicester he often came across the type of midwife so admirably portrayed by Charles Dickens. The Midwives Act of 1902, with its stringent regulations as to training, quickly altered all this, and medical men to-day rejoiced in the co-operation of women of scientific minds, cultured, well-trained, a credit to their calling and a valuable public asset.

That afternoon they were going a step further in Leicester, and were about to inaugurate a Midwives' Association, (1) To elevate the dignity of the honourable calling of a midwife; (2) to look after her interests and advance her education and knowledge.

It was hoped through its agency to make the already wise midwife considerably wiser. The purpose of all good Governments was to look after the interests of the people, introduce social reforms, and eradicate evils.

One of the most crying evils to-day was the falling birthrate. It was wrong morally and socially. We were now at war with a powerful military State, and blood was being poured out like water. The wastage of war and the declining birthrate were serious problems which would have to be considered.

Another question which would have to be considered in the near future was that of infantile deaths due to ignorance and preventable diseases, and instruction given at a maternity centre by either doctors or midwives would materially help to lower the high ante-natal mortality. Concluding, Dr. Williams said: Your future usefulness in the social field to-day stands well to the fore. Try to educate yourselves to higher ideals. Co-operation is a strong force.

This Association will help you. Join it at once. It will help you to raise the dignity of your calling, and to solve the difficult social problems which face us to-day, and above all it will lighten the burden which a strenuous calling like yours compels some of you to bear, sometimes beyond your strength. I congratulate you all, and I wish you well.

Dr. Millard, the Medical Officer of Health for Leicester, said that it was difficult during the present crisis to think of anything not connected with the War, but there were some things which must be attended to whatever happened, and the occupation of a midwife was one. It was a great pleasure to him to have the opportunity of addressing so many midwives all together at this first meeting of the Leicester and Leicestershire Midwives Association. Those of them who came from the Borough, he was, of course, well acquainted with, as they often had little tête-à-tête interviews at the Town Hall, nearly always, he was glad to say, of a most friendly and cordial description. He thoroughly approved of the formation of the Association, and had lent his support to it from the first, as he believed it would tend to promote the efficiency of midwives joining it. As the Chairman had said, the midwife of the present day was a very different person and held a very different position to what was formerly the case. He did not think that the raising of fees should be the principal object of the Association, although it was quite right that if improved service was given the remuneration should also be better than it used to be, and it was quite right to set their face against an inefficient midwife giving inferior service for a low fee.

The primary object of the Association, however, should be to encourage co-operation and good feeling between midwives; to endeavour to raise their status and improve their efficiency; at the same time, discouraging anything that told in the opposite direction.

Dr. Millard then proceeded to refer to the great moral influence for good which a midwife was capable of exerting. After quoting the example of Shiphrah and Puah, the two Hebrew midwives referred to in the first chapter of Exodus, Dr. Millard referred to the great influence of midwives in inculcating principles of temperance. It was an old but mistaken idea that women when suckling required alcoholic stimulants. That was an entire mistake. Alcohol was never required under these circumstances, and it was more often than not positively injurious. It was milk, not alcohol, that nursing mothers required to keep up their strength.

Dr. Gertrude Austen dealt with the question of the responsibility of the midwife as a teacher, and said that it was impossible for midwives to escape from teaching, because their patients had
so much faith in them. Their presence in their patients' houses enabled them to give practical lessons and gain their friendship. They could do more than any official inspection or even schools for mothers. Therefore it was important what they taught and how they taught it.

1. They should teach higher ideals of life and health, and not be satisfied till all the children lived, and all confinement was normal and followed by straightforward lying-in periods.

2. They should teach the blessings of cleanliness and fresh air.

3. The care of children and the importance of breast feeding. They should also teach the babies their first lessons in life.

Miss Rosalind Paget, who was warmly received, said that it was foretold that the world would come to an end in the year 4000 B.C. So people said that being so it was useless to sow any seeds. Fortunately some thought it would be the year after, so they sowed their seed. So while there were people who might think the war would bring sufficient reason to let things slip, the work of a midwife was one that must continue as long as anything did.

Miss Paget then said that they recognised the value of organisation, and she concluded that they recognised that of cooperation, as they had invited her to speak to them. She then explained the advantages of affiliation with the Midwives Institute.

She referred to the Local Government Board Circular, proposing to relegate the supervision of midwives to the Local Sanitary Authorities. The midwife was thus threatened with indifferent inspection, possibly by an untrained person, which would be disastrous. There was a chance of midwives being quite wiped out if the Local Government Board was to allow the small District Councils the entire supervision of midwives. Strong action should be taken as it was necessary to prevent it if possible. Much could be done if every midwife felt that the whole future of the profession lay in her hands. Midwives must act together for the common good and take personal trouble. All could not influence Members of Parliament, but all could help to demonstrate that a midwife was a person to her profession and her duty to the nation, and loyal to her patients and her fellow midwives.

To whom evil be done, And it must follow, as the night the day. Thou canst not be false to any man.

The Mayoress having expressed her pleasure at hearing about the work of midwives and spoken words of encouragement and sympathy, Mrs. Treacy, seconded by Miss Howe, proposed a vote of thanks to the speakers, and the President, Mrs. P. Smith, seconded by Miss Fogg, to the Mayoress and Chairman, which were heartily carried.

Mrs. Bond spoke of the work done by Mrs. Charles Fogg for the Association, and after the Chairman had replied, a delectable tea was served, after which a pleasant social hour followed.

The Association has adopted a Badge with the motto "Duty and Honour"

CENTRAL MIDWIVES' BOARD.

The following is the Examination Paper set to candidates at the Examination of the Central Midwives Board held in London and the provinces on Oct. 26th, 1914:

1. Describe the purpose and its contents at the full term of pregnancy.

2. If, on abdominal examination of a woman pregnant at full term, you found the head movable above the brim, would you suspect anything abnormal? If so, what? What further examination would you make?

3. What injuries may occur to a woman during labour? Describe the causes of each.

4. What is the lochial discharge? What are its characters from day to day in a normal lying-in? What alterations in it would you regard as being unnatural?

5. Describe exactly the daily routine of breast feeding in a primipara.

6. What general advice would you give to a pregnant woman as to the care of her health? In what cases is it the duty of the midwife to advise medical aid in the case of a pregnant woman?

THE NATIONAL MATERNITY HOSPITAL, DUBLIN.

The Lord Mayor of Dublin presided at the annual meeting of the National Maternity Hospital, Holles Street, on Oct. 26th. There was a large attendance of Governors and supporters of the hospital.

The annual report stated there was a gratifying increase in the work done by the hospital, notwithstanding the serious difficulties arising from limited accommodation and insufficient funds. A committee which considered the question of necessary structural repairs and equipment reported that the cost would probably reach £5,000, and it was the opinion of the architect that structural alterations of any extensive character would be attended with grave danger. The Governors decided that the only alternative was to acquire the adjoining houses for a building site. A sum of £3,000 would have to be subscribed before the necessary work could be undertaken, and a very much larger sum would be required in the near future for the reconstruction of the existing buildings.

The medical report stated that up to 31st March last 1,070 patients were admitted to the hospital, and 1,177 were attended at their homes by doctors and nurses, making a total of 1,998, an increase of 62 on previous year.

The Master of the Rolls in moving the adoption of the report, said the hospital had been a great boon to the poor, and a little reflection on its work was bound to ensure generous support from the citizens.

The Lord Mayor, in associating himself with the resolution, that the hospital was worthy of all support, said it was magnificently managed, its administration was well and truly performed, and the staff was worthy of the Three Kingdoms.
EDITORIAL.

TINSEL GLORY.

Dr. Albert Wilson, in a letter to the British Medical Journal, based on first hand knowledge of the subject of doctors and nurses in France, as he has spent some time at Dieppe at a base hospital, writes, "nurses however capable seem unable to get work. One reason which I have received personally is that the British Red Cross take untrained though influential ladies. This has created a very sore feeling, and naturally so. When I left Dieppe some of the upper ten were busy sifting these rumours, either to discover, or to cover. Considering the vast sums the British Red Cross receives, the matter should not rest where it is. With its worthy past every one wishes well to the British Red Cross, and it would be a disaster if it became the machine of a faction or one route to a tinsel glory."

The question is one which is so urgent, so vital, that it can hardly be emphasised too strongly. Nothing less than the lives of our soldiers, on which depend the integrity of the Empire, are at stake, and the situation is one which demands plain speaking. Fundamentally the British Red Cross Society has never been sympathetic to the work of trained nurses, nor has it organized a well trained body of nurses in time of peace ready for service in war, or given representation to the nursing profession on its Governing Body.

During the present war it is true that numbers of nurses have been hastily enrolled, and sent abroad, but the selection has by no means always resulted in a survival of the fittest, and, though the British Red Cross Society repudiates the charge of having sent any women abroad for nursing duties who do not hold a three years' certificate of training, it is certain that numbers have gone out, presumably for other duties, wearing the symbol of the Red Cross and the uniform of the trained nurse, who have undertaken the care of the sick and wounded when once abroad. It is also certain that the smaller institutions used for the care of the sick and wounded in this country are flooded with members of Voluntary Aid Detachments, with perhaps one or two trained nurses in charge, and that in consequence the wounded are not receiving the best nursing care possible.

Further it must be said that the "untrained though influential ladies" who hasten to the seat of war are not for the most part those who do serious work for the nation at home in time of peace, but, on the contrary, belong almost exclusively to the smart sporting set, and lest it should be said that we are not speaking sufficiently definitely, in regard to insufficiently trained persons sent on active service in the present war, we may state that a representative of this Journal recently called at the new College of Ambulance in Vere Street, London, W., and made enquiries respecting its scope. She was informed that it was "training people for the front," that the course cost £5 5s., and lasted three weeks, that instruction was given in first aid, home nursing, special bandaging, stretcher drill and loading, and the carrying of stretchers, that its trainees would be "going out with the Red Cross," that some were already working in the base hospitals at Paris, Rouen, Amiens, and Dieppe, and that six had gone to Servia. That ten had been in Ostend with the refugees, and that when the military authorities had turned the Kursaal into a hospital they were sent on to Calais and Paris, where they would nurse the wounded; also ladies who had taken the course were admittedly going with the field ambulances with their own cars, but that over people who paid their own expenses they had no
control. That trained nurses considered this training insufficient was attributed to jealousy.

Since the War Office is now deprecating any surgeon or nurse leaving this country unless under the direct authority of the War Office itself, conveyed through the Joint Committee of the British Red Cross Society and the St. John Ambulance Association, the Committee should be in a position to guarantee to the nation that only fully trained nurses holding certificates of three years' training are working as such in military hospitals abroad, over which they have control.

OUR PRIZE COMPETITION.

HOW SHOULD CHOLERA BE NURSED?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gilmore Place, Edinburgh.

PRIZE PAPER.

The cause of cholera is the consumption of food and drink which has been infected by the micro-organism of vibri type, which occasions this disease. The poison is carried by infected persons' clothing, flies, shellfish fed on sewage, public water supply, defective drainage, rivers and ponds where the soil in low-lying places has become infected.

The disease may occur in two forms, the mild so-called "English" type, and the malignant "Asiatic" type, which occurs in endemic and epidemic forms, especially in Eastern countries, where cold and damp alternate with great heat. The banks of the great rivers in British India are one of the chief homes of the micro-organism.

Symptoms.—In a mild attack there may be mild attacks of diarrhoea after food, accompanied by pain, which may continue for two or three days unnoticed or be neglected until the evacuations become violent and frequent, accompanied by vomiting and a burning sensation of pain in the abdomen below the umbilicus. As the disease progresses, painful muscular twitches occur, prostration and feeble circulation, with a thready pulse, the voice becomes faint, the extremities cold, and the patient's mind anxious and disturbed.

Nursing Treatment.—On the manifestation of the first symptoms and in a suspected district the notification of such would be compulsory—the patient should be put to bed in a well ventilated isolated room if possible, from which all superfluous rugs, hangings, and furniture have been previously removed. Warmth must be generated and the skin encouraged to act freely, while the diarrhoea is checked. As in fevers, the balance of circulation is lost, and every effort should be made to restore it. If the patient's condition allows, a hot bath may be given, then put to bed and kept in a recumbent position surrounded with hot water bottles; rub limbs with stimulant embrocation. If vomiting of undigested food takes place, it should be encouraged, then an opiate ordered by the doctor may be given, such as opium pill, Dover's powder, or aromatic chalk mixture. Stimulant, such as brandy, may be ordered, and ice and effervescing drinks may be ordered to quench the thirst which is always present. Temperature, pulse, and respiration must be recorded on a two-hourly chart. In a favourable case treated at onset the symptoms abate, the diarrhoea ceases gradually, and the patient recovers, being carefully dictated, having first farinaceous foods and easily digested non-irritating foodstuffs.

The acute or malignant type runs its course in three stages:

1. Attacks of diarrhoea and diminished circulation, the surface of the body remaining cold, especially hands, fingers, and feet.

2. Increased accumulation of blood in the stomach and bowels. The evacuations are discharged with violence and in immense quantities, the motion becoming at last thin and pale, like rice water, with mucus diffused through it from the serous coats of the bowels. At the same time there is vomiting continuously. A characteristic symptom is the pain and burning uneasiness at the pit of the stomach. The breathing may be soft and easy, or oppressed and stertorous. The voice changes to a whisper or peculiar squeaking sound.

The pulse is felt with difficulty, and becomes intermittent and thready. Agonizing cramp may take place in the limbs. Prostration continues. The face becomes contracted and ghastly, with livid rings round eyes. The lips and extremities become blue, with general coldness of the body. The pulse disappears, the urine is suppressed, and the patient sinks into a comatose state which may end in death.

3. Reaction may take place, with return of warmth and pulse, with arrest of symptoms. The vomiting ceases, though diarrhoea may continue for some time. Suppression of urine is relieved, though it may be albuminous for some time, and a slow convalescence, as in typhoid fever, progresses, while relapses have to be carefully guarded against.

In a sudden acute attack in epidemic form, there may be sudden weakness, accompanied with persistent vomiting, purging, and cramp,
the patient dying from exhaustion in forty-eight hours or less, in spite of treatment. Careful, conscientious nursing is most necessary to avoid collapse, which is the great danger.

Pain must be alleviated, and warmth and strength maintained. If medicines are rejected, hypodermic injections of morphia must be given, while diarrhoea is checked by enemata of starch and laudanum.

Counter irritation may be kept up by friction with the hand, or mustard and turpentine fomentations over abdomen.

Stimulants, such as brandy and ammonia, must be given if the patient shows signs of sinking.

Raw meat juice freshly made may be given in spoonfuls, with sips of boiled water.

During convalescence, which presents many points akin to typhoid, the greatest care must be taken to adhere strictly to diet ordered. The mouth and tongue are usually very foul, and must be cleansed before and after food most religiously.

All dejections from the patient must be at once disinfected with a solution equal in quantity. Sulphate of zinc or copper is the best. Clothes, linen sheets and blankets must all be soaked immediately on removal from patient in a disinfectant solution. All articles and eating utensils should be kept exclusively for the patient, and later destroyed.

All water used should be boiled. During an epidemic every preventive restriction and regulation must be adhered to, the food being carefully guarded. Personal precautions are:

Never to take food in patient's room; rinse the mouth out well before eating; take a daily disinfectant bath if possible. Take nourishing food, avoid acid drinks and unripe or overripe fruit likely to cause diarrhoea, avoid exposure to cold, damp clothes, and wet feet. Remember the pores of the skin, the lungs, and the alimentary canal of a patient are all possible sources of infection, and those channels should be protected from attack in oneself as vigorously as can be managed.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. Evans, Miss A. Phipps, Miss S. Simpson, Miss D. Maton, Miss F. Sheppard, Miss M. Robinson.

Miss Amy Phipps mentions that to combat the drainage of fluid from the tissues it is generally accepted that saline injections, continuous, intravenous, or per rectum, hold the first place.

QUESTION FOR NEXT WEEK.

Mention the varieties of vomiting in young infants. What do they usually indicate?

THE WOUNDED IN THE WAR.

SOME SURGICAL LESSONS.

Mr. D'Arcy Power, F.R.C.S.Eng., Surgeon to St. Bartholomew's Hospital, Lieutenant-Colonel R.A.M.C. (T.F.), attached to the 1st London General Hospital, contributes an interesting article on the above subject to The Lancet of November 7th, in the course of which he says that "It seems clear that the most frequent sources of infection are the skin of the patient or some subsequent contamination. It is certainly not due to the clothing, for in several cases pieces of shirt or puttee were removed from wounds which had healed soundly, and which had been reopened on account of the pain they had caused."

In some cases, where the skinogram showed that the bullet had been extensively comminuted and numerous fragments were distributed widely in the tissues, it was thought better to leave them untouched if they were not causing any trouble. In like manner, no extensive operations were undertaken to remove foreign bodies from the chest. By the time the patients arrived in England the wounds had healed—apparently without suppuration. When one side of the chest contained fluid it was treated as an empyema by drawing off the blood-stained serous exudation, a portion of rib being removed and drainage employed if the temperature rose or the pleural cavity refilled. It was noticed that most of the operations undertaken for the removal of bullets suppurated for a few days, but never dangerously. The operations were performed with the usual precautions, and were nursed in the wards by fully trained hospital nurses, so that the suppuration was not attributable to any failure of surgical or nursing technique. It was soon considered advisable, therefore, to isolate patients requiring such "clean" operations as removal of torn internal semilunar cartilages, and after this precaution these cases uniformly did well. Amputations at this period were rare, and there were no deaths.

The cases have become more severe as the battles were fought nearer England. Gangrene due to an anaerobic organism has occurred in several cases. Early operation has been performed with success, and the very great value of a free application of a 2½ to 3 per cent. solution of iodine in rectified spirit has been determined. A few cases of tetanus with a long incubation period have occurred, but the majority of the patients affected with this terrible disease have not come under our care, as they have been treated at the stationary hospitals.
ACTIVE SERVICE.

ORDER OF ST. JOHN OF JERUSALEM.

The following units have been sent abroad:—

Care of Mrs. Gordon Pondonby, October 31st.—Miss F. Pease, Miss C. Henderson.
To Dunkirk.—To the Duchy of Sutherland's Party. November 2nd.—Misses F. Latham, I. Leitch, A. Moland, K. E. Williams.
Anglo-French Hospital, Cherbourg. To complete Mrs. St. Clair Stobart's unit. November 4th.—Misses Bright-Robinson, Cole, MacLaverty, Jones.

To Dunkirk. Church Army Hospital. November 9th.—Misses M. Waugh, B. Brewin, A. Walton.
The party left Victoria on Monday at 6.45 p.m. for Dover, where they slept at the Lord Warden Hotel and crossed next day in the Admiralty yacht.

BRITISH RED CROSS SOCIETY.


HOSPITAL SHIP.

The following seven Sisters and Nurses from the Royal Prince Alfred Hospital, Sydney, have been appointed to the "Grenada," which has been commissioned as a hospital ship to go to the War:—Sisters Clouston, Colless, De Mestre, and McMillan, and Nurses Burtenshaw, Kirkcaldie and Pearson.

The following members of the Nursing Staff of the 1st London General Hospital, Territorial Force Nursing Service, Cambrewell, have been promoted to the rank of Sister:—Misses Bonpas, Bairstow, A. White, Preston, H. M. Smith, and Oldfield. Nine members of the staff are abroad, four on hospital ships, and five with the Expeditionary Force.
FRENCH FLAG NURSING CORPS.

News has come of the safe arrival of the sixteen nurses sent to France on November 3rd. They were met by Miss Ellison at Dieppe, and after spending two days at Rouen, where they were most comfortably lodged, were all despatched to duty at Evreux, where nurses are most urgently needed. Miss A. Hawkins, at the head of ten is at work at the Military Hospital there, and also at the annexe, where the great surgeon, Dr. Leo, of Passy, who speaks English like a native, is in charge. This will help the nurses to do good work. Dr. Leo is a noted operator. Miss Conway Gordon and her unit are placed in a hospital where there are no women at all, so her work is cut out, but the more difficult the work the better worth doing, and we hope this is the spirit in which all difficulties will be met. The members of the French Flag Nursing Corps are out to do a bit of line pioneer mission work, and we believe they will prove their worth.

We hear also all is going well in Rouen, and that Miss Ellison's untiring efforts in support of the nurses are greatly appreciated by them all. Miss Haswell is giving expert help in any direction in which it may be useful for the common good.

It has been intimated to the Committee that the members of the Corps are to receive formal recognition for their work, in the coming by-and-bye, that medals will be awarded to them. But we think these are early days to think of rewards— it is the quality of their service which is now of importance. Just how

MISS ALYS BARRY,
Supervisor, Units VII and VIII.

MISS M. CONWAY GORDON,
Supervisor, Unit IV.

MISS ANNIE HAWKINS.
Supervisor, Unit III.
Hospital, Montreal; Miss Gladys L. White, Sister Surgery, Miss M. A. Ripley, Sister Lazarus, Miss E. M. Lear, Sister Esther, Guy's Hospital, Miss W. A. Todd, and Miss A. B. Finlow, cert., Guy's Hospital, London.

Unit VI (St. Bartholomew's Nurses Unit).—Miss Florence Barn, Supervisor, cert. Royal Hospital, Sunderland; Miss M. M. Hall, Miss A. Welford, Miss E. M. Robertson, and Miss E. Workman, cert. St. Bartholomew's Hospital, London.

Unit VII and VIII.—Miss Alys Barry, Supervisor, cert. Royal Infirmary, Leicester; Miss L. G. Roberts, cert. General Hospital, Birmingham; Miss E. M. Joyce, cert. Guy's Hospital; Miss M. L. Greaves, cert. Northern Hospital, Liverpool; Miss E. K. Stevens, cert. Royal Berkshire Hospital; Miss D. Barlow, cert. Holborn Infirmary, Highgate; Miss F. Sheard, cert. Royal Infirmary, Bradford; Miss L. M. Mooney, cert. West Ham Infirmary; Miss E. M. J. McCoy, cert. St. Pancras Infirmary; Miss M. L. Mann, cert. St. Pancras Infirmary; Mrs. S. Hamilton, cert. Guest Hospital, Dudley.

Unit IX (Scottish Unit).—Miss C. Mitchell, Supervisor, cert. Royal Infirmary, Edinburgh; Miss N. Bennett, cert. Royal Infirmary, Edinburgh; Miss R. Hendrie, cert. Royal Infirmary, Edinburgh; Miss A. P. McKinnon, cert. Ayr County Hospital; Miss Lucy Horan, cert. Provincial Hospital, Port Elizabeth, Cape Colony.

A large number of applicants are coming forward, and we are desired to give notice that the Selection Committee will sit at 5 New Corners, Earl's Court, S.W., every Tuesday at 3.30 specially to interview candidates from the country, to save them as much trouble as possible. Miss Gill, Royal Infirmary, Edinburgh, has kindly consented to interview and recommend nurses from Scotland, and Miss Huxley, in conjunction with Sir Robert H. Woods, F.R.C.S.I., will undertake the same office in Ireland.

Mrs. Murray sees candidates on Monday afternoons from 2.30 p.m., and this week Mrs. Fenwick will be at 431, Oxford Street, W., for the same purpose on Friday, 13th, from 11.30 to 4 p.m., and on Saturday from 11.30 to 4 p.m.

All nurses from Scotland and Ireland awaiting date of departure are offered hospitality through the kindness of Lady Barclay and Mrs. Murray and their friends.

All nurses are advised to take, as part of their kit, mackintosh aprons and indiarubber gloves.

MOTOR AMBULANCES NEEDED.

The British Ambulance Committee of the French Red Cross Society, of which the Duke of Portland is Hon. President, Sir Francis Bertie and M. Paul Cambot Vice-Presidents, and Lord Charles Beresford Chairman, are appealing in the press for motor cars and funds for their upkeep, for the French wounded. In making this appeal, which has the support of the Queen, Queen Alexandra, the Prince of Wales, and the French Government, the Committee say:—"The wounded of our gallant Ally are suffering terribly owing to the delay in transport from the front to the nearest hospital available. Many have died from blood-poisoning who might, with quicker and more sanitary transport, have been saved.

Every French soldier sent back as an efficient unit to the fighting line is an asset in favour of our combined success, and many British wounded have in the first instance been succoured by officials of the French Red Cross Society. They further state:—"(a) The front held by the French troops is at least six times as long as that held by us. (b) With less population than ours, the French have nearly ten times more soldiers in the field. (c) Since nearly the whole of the active male population of France is under military orders, there is hardly anyone left to whom the French authorities can appeal for more voluntary assistance now the supply of French motor-cars has been used up. (d) Belgium and France have supplied the battle-ground for a War which has not yet inflicted any of the horrors of invasion upon England. We hope the appeal will be generously supported.
The British Journal of Nursing.

NURSING AND THE WAR.

The Committee of Addenbrooke's Hospital, Cambridge, reported to the Quarterly Court on November 14th that they have received a letter from Her Majesty Queen Alexandra, expressing her heartfelt thanks for their ready response to the appeal for nurses during the present terrible war, and for selecting them and sending them with the shortest possible delay to the seat of War, and praying that God will bless their efforts.

During the past quarter two Sisters and four nurses who are members of the Territorial Nursing Service have been mobilised, and are on duty at the 1st Eastern General Hospital.

The Matron of Addenbrooke's has become Matron at the 1st Eastern General Hospital, and is doing duty at both places.

The Committee have also been called upon by the War Office to supply the six nurses, whom they guaranteed, to supplement Queen Alexandra's Imperial Nursing Service, and two of these nurses are on duty at the Front, two at Colchester, and two at Shorncliffe.

The Admiralty have called upon the Committee to supply the two nurses under Section A, guaranteed by them to supplement Queen Alexandra's Naval Nursing Service.

The following units have been sent to nurse the wounded in home hospitals under the auspices of the British Red Cross Society:

Royal National Orthopedic Hospital: Misses A. M. East and R. Griffiths.
Mansfield Hospital: Misses M. J. Kane, E. Neil, Rose E. Wells, B. Shepherd.
Haigh Hall, Wigan (Comtesse of Crawford and Balbarus): Misses A. Firth, M. Underwood, M. Williamson, G. Field.
Royal Sea Bathing Hospital, Margate: Misses J. A. Milton and S. L. Bell.
Southport Hospital, Lytham (Mrs. Ordeman): Misses M. A. Smith.
Clee Hill Hospital, Dooder: Miss A. Sim.
Red Cross Hospital, Winstanley: Miss L. N. O'Teen.
Bicester Hospital (Mrs. Hendricks): Miss I. Smith.
Red Cross Hospital, Old Kent Road: Miss W. Mainmancy.
Auxiliary Military Hospital, York: Misses M. Burke and L. Clarke.
Military Hospital, South Wingfield, Derby: Miss M. Benallack.

Red Cross Hospital, Rickmansworth: Misses Linda Bell and Maud Pearce.
Red Cross Hospital, Hailsham: Mrs. P. Garrett.
Oxbridge Hospital, Barnstaple: Miss E. Laing.
Northwood House Hospital: Mrs. M. Orr.
Blakesly Hospital (Lady Windhusers): Miss J. Holmes.

THE CONVALESCENT MILITARY HOSPITAL, CAYTON.

We hear that the Convalescent Military Hospital at Cayton, near Rugby, provided by the generosity of Mr. and Mrs. Blyth, is very complete, and the authorities have been asked whether they would be willing to take in more serious cases. The cases so far admitted have done extremely well, as indeed they should, for it is an ideal little hospital, having four wards. The beds have good hair mattresses, and there is plenty of nice linen and good blankets, and a rubber hot-water bottle for every bed. New bed jackets, nightshirts, day shirts, socks, and bedroom slippers are liberally provided. The floors are of white boards, and bed-side mats are placed by each bed. There is a cloak room for coats and boots, a mess room, a smoke room in the garden, and a laundry for the hospital use. So far the patients have been Belgian soldiers not very seriously wounded, but the wounds were septic on admission. All the patients were very pale and weak, and looking unutterably sad. Three men are ill with rheumatism. They had been standing for days in the trenches up to their waists in water; others have stiff joints from compound fractures, and there are two bad gastric cases. There is a great change in them already, and they are picking up fast with the excellent food. Mr. and Mrs. Blyth are at the hospital every morning by 7.45 a.m. to help with the breakfasts. The people of the neighbourhood are most kind in fitting the men, and one kind friend sends a motor-car daily to take them for drives. Mrs. MacEwen, R.N.S., is in charge of the nursing, and devoting herself to the well-being of the patients.

TRUE TALES WITH A MORAL.

Eminent Irish Matron who has come to London to offer her services to the wounded and eminent Peers, interviewing nurses.

Peers: (haughtily): You appear to have been trained a good many years ago.
Matron: Yes, but I have been in active work ever since.
Peers: No doubt, but we require up-to-date training.
Matron: My work has been to train nurses in up-to-date methods.
Peers: (blondly): That is hardly my point.
Matron: Is experience a disqualification?
Peers: Our Lady Superintendents usually peeresses find younger women easier to manage; but (condescendingly) by and by there will be convalescents to look after—perhaps we may be able to employ you to look after some of these!
LETTERS FROM THE FRONT.

British Convalescent Home for Wounded Soldiers, Petrograd.

A correspondent writing from Petrograd says that when the War broke out the British Community, anxious to help, finally decided to establish a Convalescent Home for wounded soldiers, and obtained a wing of a hospital, used as an orphanage, on the outskirts of the town, which had been given over to the Red Cross Society, and which was placed at the disposal of the British Community, to be fitted up at their expense.

The surgeons on the staff of the main hospital attend the patients, and any operations and dressings required are performed in the main building. The wing, besides the administrative portion, contains a ward of eight beds, with a bath room, and cozy sitting room attached for officers, and three large rooms containing forty-two beds.

The letter continues: We were very fortunate in getting an English lady who understands Russian well enough to keep the many documents required by the Red Cross Society, under which we work; our Head Sister is a Russian Red Cross Sister, just home from the Balkan War. Under her there are twelve ladies, myself—an English nurse—and a masseuse, four woman servants, three men, two of whom do orderly work, bath the patients, shave them and cut their hair; and several English ladies take turns to be “visiting lady” for a week at a time.

The nurses’ hours are most perplexing. Sister Anna is there always, and sleeps in the large hospital next door. She directs everything to do with the nursing, and diet of special cases. I come in every morning and remain as long as I like. The other nurses come on at eight in the evening (two of them together) and remain on for twenty-four hours. One lies down on a sofa for half the night while the other goes about the wards, then they change places. At eight in the morning two more nurses come on, these also go away at eight at night, when all get time off. Those who have done twenty-four hours’ duty get thirty-six hours off, and then return for their day duty of twelve hours. Those who have been on duty get forty-eight hours off and return for their twenty-four hours’ duty. It is a bad system and works badly, but with these nurses who are all only nurses while the War lasts and have their own households to look after, I am told that it is the only way to manage.

We opened on October 6th with a Russian service—the choir being composed of the orphans whom we had turned out of their home, who sang very well. Then we waited for some time for our patients, but this was really very fortunate, as it gave us time to attend to small details and rectify “forgets.”

The men were announced in the morning, and came an hour before we expected them—twenty wounded men, most of them able to walk, one or two recovering from very serious wounds; they had all been to other hospitals before they came to Petrograd, but they were very dirty and ragged for all that; they were bathed and given their tea, and then they went by fours to the dressing-room, to have their wounds attended. I was sent with the first batch, and I was immensely sorry that I had had no opportunity of studying the ways of the room beforehand. I think now, that, provided the nurse keeps her eyes open, dresses in an overall, and conforms to some rules about not touching things and not passing a certain part of the floor, she can go on her own method a good deal; and I found both surgeon and nurses very patient and kind.

In the wards things were rather more difficult to manage—of course, methods differ in different countries; we roll our patients, they lift theirs; we put on hot poultices, they use cold dressings, &c., &c., so that when two of us were set to do anything together we failed to understand what the other was about; however, we are shaking down, and Sister Anna allows me to wash anyone I like “English fashion.” The worst thing was sorting the clothes. Each soldier has two bags prepared—in one his clothes are put, the linen the overcoat, &c., everything that can be sterilized; the bag is tied up, and his name and number are put upon it; in the other bag are his boots and all the other things which would spoil under the great heat. Sorting the clothes, emptying the pockets of the mud-stained coats—often soaked with blood—and feeling in the long boots, which the mujik so often uses as a pocket, was not pleasant work. Two days later another batch of patients came in just at dinner time, chiefly medical cases—one man suffering from pneumonia, who died next day; every one else is doing well; and now we are full upstairs.

The patients get their dinner at noon; most of them sit round the tables and behave very well; after dinner each man crosses himself before the icon, and then turns and thanks the Sister who is presiding; after that they go and smoke and get a lounge in the garden if the weather permits; they are a nice set of men, very easily pleased, very grateful, very ready to talk, and even more ready to ask questions. I only wish my Russian were good enough for me to give them little lectures; they are so keen for information. A favourite question is, “Why are our Czar and your King so much alike?” I was asked, “Why do the Americans talk English?” and one soldier remarked, “Of course, there must be a Latin language, or else we should have no doctors.”

We have two Jews, an Armenian, a Cossack, and a man who can only speak Sart; but most of the men are just Russian mujiks. I like mujiks, they are so respectful, quiet and well-behaved; and now that they have to have no more vodka and plenty of schools, Europe will. I hope, see great things.

M. E. F.
CARE OF THE WOUNDED.

The King and Queen on Saturday afternoon paid a prolonged visit to St. Bartholomew's Hospital and visited every patient, both British and Belgian, including some who had only been admitted on the previous day. Their Majesties' sympathy and kindness was greatly appreciated by the patients.

On the same afternoon the King and Queen also visited the Fishmongers' Hall Hospital, where they were received by Lady Dimsdale, the Matron, Miss Lightfoot, and Dr. Mackenzie Wallace. Here also they visited each cubicle and spoke to each patient, and at the conclusion of their visit expressed to Lady Dimsdale their great satisfaction with all the arrangements.

Mr. John Fielden, J.P., of Holmwood, Petersborough, has given £5,500 through the Times Fund for the Sick and Wounded to enable the British Red Cross Society to secure the steam yacht Paulina as a hospital ship. During the period of the War Queen Alexandra has permitted the yacht, which has received the Admiralty warrant, to be named "The Queen Alexandra Hospital Ship."

The British Red Cross Society directs the attention of the public to the fact that the motor ambulances generously presented for the assistance of the wounded at the front cannot be used unless there is money to run them.

The Daily News, with the warm approval of the Army Council, has started an organisation for supplying Christmas puddings to the troops at home and abroad, and for this purpose it is proposed to raise a fund by public subscription.

The Highland Division of the Territorial Force Nursing Service, Aberdeen, is receiving an amazing number of serviceable gifts and delicacies for the sick. We like the sound of hare and kidney soup, no doubt our soldiers enjoy its consumption. Flowers, fruit, vegetables, grapes, game, venison, scones, cakes, jam, bramble jelly, sweets, new laid eggs, fresh butter, a large quantity of cocoa from Cadbury Bros.—the best on the market—and a whole door full of things as the Americans say.

There is a strong consensus of opinion that the management of the Women's Hospital Corps Hospital in Paris is wonderfully good. This bit of work has tested our medical women, and not found them wanting. How gratifying it must be to the doyenne of medical women, Dr. Garrett Anderson, that her brilliant daughter, Dr. Louisa Garrett Anderson, and Dr. Flora Murray, have proved the capacity of our sex to take front rank in administrative medical work as well as in their regular routine duties.

The British Field Hospital, situated in lovely park-like surroundings in the Tramont Palace Hotel, at Versailles, is admirably situated for invalids and convalescents, 500 beds can be provided in the building, and tents complete an annexe. Some very good work is there being done by English nurses.

Mrs. Harry Payne Whitney, formerly Miss Gertrude Vanderbilt, is crossing in the Lusitania with four surgeons and fifteen nurses to establish a large field hospital in Belgium behind the battle line.

THE ORDER OF ST. JOHN OF JERUSALEM.

Her Majesty the Queen has honoured with a visit the St. John Hospital for Officers, established by Robina, Viscountess Mountgarret, at 78, Cadogan Gardens.

An exhibition of pictures by well-known artists, the proceeds of which are to be devoted to the support of the hospital at Moka, St. Malo, which is being provided by Colonel Cooper in conjunction with the St. John Ambulance Association, is on view at Walker's Galleries, 118, New Bond Street, W., from 10-6 daily; on Saturday, November 14th, from 10–1.

On St. Andrew's Day, November 30th, a grand Scotch Festival and Patriotic Concert will be held at the Albert Hall. The Band, Pipes and Dancers of His Majesty's Scots Guards will take part in it; and half the receipts for tickets are to be sent to the St. John Ambulance European War Fund.

In response to an appeal in this Journal, Messrs. Southall Bros. and Barclay, 19, 20, and 21, Lower Priory, Birmingham, have sent to the Editor, a case containing one dozen tins of their fine tonic food Vitafer (6s. size) for inclusion in the comforts supplied to sick soldiers through the Order of St. John of Jerusalem, and it being forwarded to the Warehouse of the Order at 56, St. John's Square, Clerkenwell, London, E.C. We hear also from "Glaxo," 15-17, King's Road, St. Pancras, London, N.W., that already a considerable quantity of this valuable preparation has been dispatched to the British Red Cross Society for Military Hospitals, but that they are prepared to support our appeal made as a member of the Queen's Special Committee of the Order of St. John of Jerusalem for comforts for the sick and wounded. Many generous gifts have been received, many more are still needed, and such well-known invalid foods as Bovril, Oxo, Benger's Food, Horlick's Malted Milk, Virol, King's Patent Cooked Oatmeal, Robinson's Barley, and Allen & Hanburys' preparations would be gratefully received by the Order if sent to 56, St. John's Square, Clerkenwell.
H.M. QUEEN MARY'S ROYAL NAVAL HOSPITAL.

SOUTHEND-ON-SEA.

There could scarcely be a finer site for a naval hospital than that secured by the Committee of Queen Mary's Royal Naval Hospital in the Palace Hotel at Southend. Close to the sea dotted with fishing craft, and with wide balconies, on which the convalescents can enjoy the invigorating breezes, it is also a centre of endless interest to the townsfolk and visitors who congregate below, and deftly throw packets of cigarettes to the men on the balconies above them, who—slings and bandages notwithstanding—never fail to catch the gifts thus showered upon them.

Although the hospital is a naval one, it is at present full of wounded British and Belgian soldiers, 268 beds out of a possible 300 being occupied. The Matron, Miss Finnemore, trained at Guy's Hospital, is full of sympathy for these patients. She will never, she says, forget the arrival of the Belgians, mostly from Antwerp, and many of them severely wounded. They had had no opportunity of a change or a wash for weeks, and the whole nursing staff worked their hardest, far into the night, to get them comfortably settled in bed. The British patients fared better, as they were landed at Plymouth, and were able to get washed, and have a change of linen, before coming on to Southend.

It is astonishing what a short time in hospital does for these wounded soldiers. Rest, good food, and sleep quickly restores them, and when I visited the hospital, which has been open a short three weeks, on Saturday last, the majority of beds were empty, and the balconies crowded with convalescents. Some of the more serious cases were lying on their beds, and, incidentally I may remark that anyone wishing to befriend the hospital could not do better than give it some hundreds of quilts, as at present it boasts of very few, and new white blankets will soon be white no longer, if patients who are up, and need a rest, lie on the top of them. A gift of pillows would also be appreciated.

There are in all seven wards—Mary, George, Albert, Elizabeth, France, Japan, and Russia. The largest were formerly the lounge, the dining-room, and the ballroom, and have fine sea views, and indeed, when the sun sets, the sea seems an expanse of molten gold, a quite unexpected revelation of beauty for the East Coast.

There is a large dining-room where those patients who are up have meals. The dinners come up from the kitchen on a lift, and are served from a hot table near by.

A well-equipped theatre, sterilizing room, and X-ray room have been arranged. The nurses have comfortable quarters at the top of the building, as single bedrooms of the hotel provide ample accommodation. In the hospital part of the building, however, it is regrettable that there are no single rooms which can be utilized as wards for sick or wounded officers.

Her Majesty the Queen is President of the Hospital, and Admiral Lord Charles Beresford, G.C.V.O., is amongst its distinguished Vice-Presidents. Dr. W. Hale White is the Chairman and Consulting Physician, and Sir Alfred D. Fripp, K.C.V.O., F.R.C.S., Consulting Surgeon, and Mr. R. H. Jocelyn Swan, F.R.C.S., are also members of the Committee. Dr. Chisholm is Resident Medical Officer, and
We are indebted to Mr. Holland Garber, Secretary of the Hospital, for the excellent illustration, in which may be seen the balconies on which the patients appear to the delight of an admiring public.

M. R.

The British Red Cross Hospital at Netley, a “Hut Hospital” of 500 beds, when complete, is a Field Hospital capable of being readily moved. Sir Frederick Treves, in a report, just published, says that the kit issued to each man is excellent—better than that supplied by the Army. It consists of a blue jacket and trousers, both lined with flannel, a vest, shirt, night-

dress, towel, handkerchief, and slippers. These must be greatly appreciated by men from the trenches.

The wounded troops of the Indian Army now arriving in this country are being at present cared for at Netley Hospital, but further patients will be received at the Government Hospital at Brockenhurst, and the Lady Hardinge Hospital, an auxiliary hospital equipped and maintained by the Indian Soldiers’ Fund under the auspices of the Order of St. John of Jerusalem.
PROGRESS OF STATE REGISTRATION.

Now that Parliament has been re-opened by the King and as there are not a great many private members' Bills this Session, let us hope for good fortune for the Nurses' Registration Bill, which will be introduced into the House of Commons by Dr. Chapple, M.P., at an early date.

The Occasional Paper of the National Union of Women Workers of Great Britain and Ireland, for November, reports at some length the speeches of members of the Deputation to the Home Secretary on the subject of State Registration of Trained Nurses, and Mr. McKenna's reply. The Deputation included a representative of the Legislation Committee of the N.U.W.W., Miss Eaton, and in this way the opinion of this influential body of women was brought before the Government, and the members of the N.U.W.W. have now the subject brought to their notice in their official organ.

New regulations have recently been gazetted under the Nurses' Registration Act in New Zealand. These provide for reciprocal training by the recognition of affiliated schools under the same management, and enable pupil nurses to be sent from a main institution at the discretion of the head of the training school, for varied terms of under six months, to annexes such as consumptive sanatoria, fever hospitals, and cottage hospitals.

Candidates must have completed two years and eleven months of the statutory period of three years before being allowed to sit for the State examinations, unless for special reasons they are recommended for a further concession by the hospital authorities.

In any case, the full period, less ordinary holiday leave, and one month's sick leave, must be completed before registration.

There is also a special provision to enable nurses from outside New Zealand who can show no proof of having passed a final examination, and whose training satisfies the Registrar, to sit for the State examination.

One clause also makes it compulsory for the training school authorities to provide necessary equipment for teaching, including a set of text and reference books as recommended in the syllabus. With these amendments the Regulations are the same as those issued in 1908.

No doubt this system will be organized by the Central Nursing Council under the Nurses' Registration Act in the United Kingdom when it is in force, as it should have been long ago.

APPOINTMENTS.

MATRONS.
Sanatorium, Ruty St. Edmunds.—Miss Lynch has been appointed Matron. She was trained at the Metropolitan Hospital, Kingsland Road, N.E., and had held the position of Night Sister, Ward Sister, and Assistant Matron at the Lowther Road Branch of the Royal Victoria Hospital, Bournemouth.

Miss-side Institution for Mental Defectives.—Miss E. A. Delappe has been appointed Matron. She was trained at the Royal Infirmary, Dundee, and has been Holiday Sister at Nordrach-on-Dee, and Assistant Matron at West House, Morningside, Edinburgh.

NURSE MATRON.
Torrington Cottage Hospital.—Miss Eleanor J. Cadmore has been appointed Nurse Matron. She was trained at the Woolwich Infirmary, London, and has been Staff Nurse at Bute Hospital, Holiday Staff Nurse at Ealing Cottage Hospital, and Night Sister and Ward Sister in various wards at Ancoats Hospital, Manchester, during the past five years.

ASSISTANT MATRON.
Mill Road Infirmary, Liverpool.—Miss Esther Fisher has been appointed Assistant Matron. She has held various responsible positions in the same institution.

SISTER.
Addenbrooke's Hospital, Cambridge.—Miss Sendall has been appointed temporary Sister of Hatton Ward, and Mrs. Macintosh temporary Sister in the X-Ray and Electrical Department.

SCHOOL NURSES.
Borough of Yarrow.—Miss Minnie Brown has been appointed School Nurse. She was trained for three years at the Royal Derbyshire Infirmary, and for two years has been Staff Nurse at the Union Hospital, Darlington, and for one and a half years District Nurse at Jarrow.

Borough of Lowestoft.—Miss A. Downs has been appointed School Nurse. She was trained at Salford, and for the last two years has been School Nurse at Bury St. Edmunds.

Urban District Council of Aberdare.—Miss Catherine Evans has been appointed School Nurse under the Education Committee of the Urban District Council of Aberdare. She was trained at St. Pancras Infirmary, Highgate, N., and has had experience of district nursing at Chester.

Handsworth Urban District Council, Sheffield.—Miss F. H. Wheatcroft has been appointed Health Visitor and School Nurse under the Sheffield Corporation. She has held the position of Superintendent of the Rotherham Union Scattered Homes, and of Assistant Matron at the Deaf and Dumb Schools, Manchester.

HEALTH VISITOR.
Urban Districts of Littleborough, Milnrow and Wardle.—Miss Bertha Josepohine Leech has been appointed Health Visitor. She was trained at the Shrewsbury Infirmary, and the Manchester Maternity Hospital, and has done private nursing.
LONDON COUNTY COUNCIL.

Subject to the usual conditions, Miss A. G. Maxman, Miss G. M. Arrowsmith, Miss E. V. Cowell, Miss A. A. Earp, Miss D. Goddard, Miss A. B. N. Hadfield, Miss E. A. Hartley, Miss J. M. M. Henderson, Miss E. L. Jarrett, Miss E. Moore, Miss C. Pownall and Miss M. F. Clements are appointed school nurses in the public health department of the L.C.C.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Transfers and Appointments.

Miss Grace L. Ball is appointed to East London (Southern), Miss Ada Elliott to Guildford, Miss Eliza Forsyth to Lamb Valley and New Church, Miss Edith M. Hall to St. Ives, Miss Dorothy Jones to Consett, Miss Sarah Jones to Consett, Miss Charlotte Norman to Larmingdon, Miss Mary Parkinson to Manchester Harpurhey, Miss Lilian M. Tatton to Nailsworth, Miss Louisa M. Thomas to Huddersfield.

PRIZE-GIVING AT THE ROYAL INFIRMARY, BRADFORD.

The Lady Mayoress of Bradford, who was accompanied by the Lord Mayor, visited the Royal Infirmary last week and presented prizes to the successful nurses in the recent examinations. The senior nurses were examined in medical and surgical nursing, and the juniors in anatomy, physiology, and elementary nursing. The results were as follows:

- **Senior Nurses**: Gold Medal—Nurse Baxter, who secured 95 per cent. of possible marks.
- **Junior Nurses**: First Prize—Nurse Thorpe; Second Prize—Nurse Elliott and Nurse Jefferson; Prize for bandaging—Nurse Jones. Dr. McEwan, one of the examiners, reported that throughout the course of lectures the nurses had displayed great interest in their studies; their work showed a high standard of excellence, the average number of marks attained being very good. This report must be very gratifying to the Matron, Miss J. W. Davies, as also the congratulations of the Lord Mayor, who warmly complimented the officials of the Infirmary and the nurses on the evidences of efficiency and devotion on all hands.

The Lady Mayoress, in presenting the prizes, said she thought the work of nursing one of the grandest vocations a girl could take up, and the chairman of the House Committee, Mr. George Priestman, moving a vote of thanks to the Lord Mayor and Lady Mayoress, mentioned that those nurses who had been wanting to go to the Front, and could not, had had an opportunity of nursing some of the wounded troops in the Infirmary.

We are asked to call attention to an error inadvertently made in the current issue of the Queen's Nurses' Magazine in regard to the number of Queen's Nurses now in the Territorial Force Nursing Service. There are now more than 200 Queen's Nurses called up for service, and 50 or 60 waiting for orders to join.

NURSING ECHOES.

To attend a concert given to the patients of No. 1 General Hospital (T.F.) at Camberwell, was to get an impression of a study in contrasts. Not long ago all the patients present had been taking part in the most strenuous and appalling War that the world has ever known, all had been wounded in the defence of their country. Yet the eager faces which crammed the large hall from end to end—though many were plastered and bandaged—bore no marks of mental distress, so quickly had the men recovered their poise. They thoroughly enjoyed the excellent programme provided for their amusement, roared the "Tipperary" chorus in a manner which left no doubt as to the soundness of their lungs, and caught hold, with gusto, of a new refrain, "It's a long long way to St. Helena, but the Kaiser must go." After the National Anthem they gave three rousing cheers for their entertainers, and immediately settled down to disciplined silence when Colonel Tooth rose to express, by word of mouth, the thanks, which he said they had already given. A hero in action, easily pleased as a child when off duty, the British soldier deserves, and wins, the respect and the affection of those with whom he is brought in contact by his sincerity and simplicity.

The nursing staff of the West London Hospital, Hammersmith, must rejoice to know that the Home for which they have hoped so long in place of their present inadequate quarters, and which their Matron, Miss F. Neville, has pleaded for so insistently, seems now within measurable distance. It was announced at the Annual Meeting of the West London Hospital Association in the Town Hall, Hammersmith, on November 5th, that plans and estimates are being prepared, and though the actual order to begin work is, like everything else, affected by the War, and the consequent price of materials, yet it is welcome news that the Committee have sufficient funds in hand to justify them in accepting a reasonable estimate, and already the Ladies' Association is being approached as to the provision of the necessary equipment. As it is a very alert and practical body, it will no doubt find ways and means. The speakers at the Annual Meeting—Mrs. Scharfich, M.D., Miss Lena Ashwell, and others—warmly commended its work to public support.

An At Home in aid of the Army and Navy Male Nurses' Co-operation, as well as the Seventh Annual General Meeting, was held on
November 4th at 89, Harley Street, W., by invitation of Mrs. Donald Armour. In the absence of Princess Henry of Battenberg, Earl Howe was present to represent Queen Alexandra.

Sir Dyce Duckworth, who presided, announced that in the name of the meeting a special vote of sympathy would be sent to Princess Henry in her bereavement. Many of the nurses had been called to the Front on the outbreak of War, as all were reservists from the Navy and Army. They had appealed to the Committee to keep the Co-operation going, so that they might not be amongst the unemployed on their return; that was what faced them without public support. The auditor said that the receipts had gone down by half. The expenses were £850, and they expected to receive about £450. Lord Howe said he should consider it his duty to report to Queen Alexandra that it was the intention and determination of the supporters of the Co-operation to keep the flag flying.

The General Powers Bill of the London County Council which, it will be remembered, deals with the Registration of Nursing and Lying-in Homes, passed through Committee in the House of Commons last Session, and, as it was suspended, now awaits the Report stage. We learn that it is uncertain when this will be taken. It may not be even until February, 1915.

The Council of the Fever Nurses Association, in view of the fact that Committees still experience difficulty in staffing Fever Hospitals, have had under consideration the question of off duty time, which has considerable weight with probationers and nurses, and has now forwarded the following recommendations to 220 clerks of hospital committees, with a request that they will bring them to the notice of their respective committees. The recommendations are:

(a) That nurses should be given eighteen hours a week out of their duty time, plus six hours one day in the month to make a whole day monthly; this time to be exclusive of meal times and Sunday passes. The distribution of the time to be left to the authorities of each individual hospital.

(b) That the minimum amount of annual leave granted to probationers and staff nurses be three weeks, and to Sisters four weeks.

(c) Firstly, that night nurses shall have at least one whole night off duty every fortnight, and secondly, that they shall be allowed to go out of the hospital three hours daily.

We are asked by the Hon. Secretary of the Liverpool branch of the National Union of Trained Nurses to state that the Liverpool Club for Trained Nurses, in Premier Building, Church Street, will be opened with a social gathering for members of the branch, on Thursday evening, November 26th. Tea, coffee, and light refreshments will be served at 8 p.m., for which a small charge will be made. A full attendance of members is requested, as the programme of work for the winter and other important business will be discussed. Members are requested to wear their badges.

The many friends of Miss M. Wright, Matron of Stobhill Hospital, Glasgow, as well as those who have profited by the excellent training they received under her direction, and are now filling posts of responsibility in the nursing world, will regret to learn that she has resigned the position, the Government having taken over the hospital for military purposes. It seems incredible that, under these circumstances, the only compensation the Glasgow Parish Council has given an officer who has served them faithfully for twenty-one years is a year's salary without emoluments. If this is all the recognition they can expect for good work, members of the nursing profession will do well to pause before taking service under this Council. Also candidates who desire to obtain training as nurses should consider the terms of their contract before taking service under the Glasgow Poor Law, as we understand that pupils in training are being sent to holiday homes where only healthy children are received, and where, therefore, they obviously cannot be trained to nurse sick people.

Miss Brockie, who, with Miss Maudling, went out last year to Brazil as a Matron of the Staff Quarters of the Great Western of Brazil Railway Co., writes that they are now together in Jaboatão. On arrival they remained at São Lourenço for a month, and then they went on to Pernambuco. In September, 1913, they went to the seaside quarters for three months; now the two quarters have been joined, so all the staff are at Jaboatão, and very comfortably housed. Eleven of the men have sailed for England in order to enlist, the Company paying their passages and keeping their posts open.

In regard to illness, Miss Brockie writes that they have been very fortunate. Their work has been mainly preventative, as in Brazil the slightest ailment must not be neglected. They thoroughly enjoy The British Journal of Nursing, look forward to the advent of each
number, and send best wishes for the success of the Nurses' Registration Bill.

The one question on which the Australasian nurses have shown keen interest during the past year, has been that concerning their fees, and for the first time in the history of the Australasian Trained Nurses' Association, there has been a cleavage amongst the members on this question. We are entirely in sympathy with the party led by Miss Newill—who considered that a rise of fee for private nurses from £2 2s. to £3 3s. a week justifiable, considering the rise in the cost of living in Australia, and the general rise of wages, already high, amongst the working classes. For and against put up a good light, and the party in favour of a rise won. It is a pity the other side did not loyally abide by the decision of the majority, and we are not surprised to learn that the Council of the A.T.N.A. passed the following resolution at a recent meeting:

"That this Council regrets the action of certain members in circularising members of the medical profession stating that they were willing to work for the original fees, regardless of the fact that the majority had decided on an increase."

Lady Helen Munro Ferguson, who, as we have previously reported, has accepted the position of Patroness of the Australasian Trained Nurses' Association, has received an address of welcome from the Queensland Branch.

Miss Gill, President of the Scottish Matrons' Association, presided at a very full and representative meeting, held on Saturday, November 7th, at the Home, 9, Chamberlain Road, Edinburgh, the Nurses' Memorial to King Edward.

After formal preliminary business, Miss Gill told of the work done in connection with the Memorial Home now opened, and explained the conditions of residence. She asked the Matrons present to make these conditions known as they had opportunity.

The Association voted a subscription of two guineas to the Queen's "Work for Women" Fund.

Two new members were elected, and four resignations accepted with regret.

An opportunity was given to the members present to go over the Home, and all were unanimous in the impression given of pleasant environment, comfort, and convenience.

Miss Graham, Hon. Secretary of the Association, very kindly entertained the members to tea in the dining-room of the Home.

IRISH NURSES' ASSOCIATION.

The autumn session of lectures arranged by the Irish Nurses' Association began on Wednesday, November 14th, with a lecture on fractures by Dr. Stoney. Two more lectures will be given: (1) Wednesday, November 21st, on "Remedial Exercises for S. Shaped Scrofula." by Mr. Lindenburg; and (2) Wednesday, December 2nd, on "Enteric Fever," by Dr. Purser.

SANTOVIN.

We have lately had submitted to us a sample of a tonic wine and restorative known as " Santovin." Although this has only recently been brought before the notice of nurses, it is not a new production; it has been on the market for some three years, and has achieved a wide reputation, a point in its favour being that this reputation has been obtained entirely by its own intrinsic merit and recommendation.

"Santovin" is claimed to be an absolutely pure, carefully-selected, and scientifically-treated tonic wine, in which are incorporated certain valuable tonic properties that aid the system to recover and retain its lost store of physical and nervous energy. It is claimed to make new, rich, vitalising blood, to nourish the whole body, and to build up the system to a marked degree. One of the strong points advanced for "Santovin" is that, while the strength it gives is lasting, it is entirely free from reaction and after-depression.

We learn that Santovin, Ltd., 30, Victoria Street, London, S.W., will be glad to send a small sample bottle free to any member of the nursing profession.

ROMANCE OF AN OXO STEAMER.

The steamer Silversand has recently arrived in London with a record of concentrated and canned foods worth £100,000 sterling from the Oxo Supply Factories in the River Plate. The day after she sailed the German steamer Cap Trujalar was observed hoisting, and it was thought that her first venture would be to secure this most desirable food prize. The Silversand's captain, however, steered an unusual course, and gave the Cap Trujalar the slip. She came across the Atlantic without a single light showing, and Captain Crosby is to be congratulated on his skill and intrepidity in bringing such a valuable cargo safely into port.

PARCELS FOR WOUNDED SOLDIERS.

Arrangements have now been made through Messrs. Cox & Co., with the assistance of the Red Cross Society, whereby immediate delivery can be made of parcels addressed personally to any wounded English soldier in hospital in France. Parcels should be sent to Lady Ripon, at Harrington House, Craig's Court, Charing Cross, kindly lent by Lady Harrington for the purpose, and must be accompanied by the full name and address of the sender, and a list of contents. Parcels should not exceed 20 lbs. in weight.
BOOK OF THE WEEK.

"THE MERCY OF THE LORD."

"The Mercy of the Lord," by Flora Annie Steel, is the first of a collection of short stories of India, in the writing of which Mrs. Steel is a past master. Because each story is a gem, and a short review quite inadequate to do justice to all, it seems best to select one for special notice, and to leave those who are attracted by its mystery—of which the explanation is, after all, so simple—to read the rest for themselves.

To those upon whom the East has laid its spell a new book by this author is a good thing to be received with thanksgiving, though it must be owned that there are those who do not fall under her spell; and official India will remark to English relatives, "I hope you do not take your ideas of India from Mrs. Steel." But official India lives on the surface of things, regarding that great Empire chiefly as the place where good honest work brings security for old age at home, in the form of adequate pensions.

The average Englishman, indeed, desires to know no more of it, for things that are incomprehensible make him vaguely uncomfortable and are an affront to the cocksureness which should be able to solve everything presented to it for solution by perfectly rational means.

To understand India one must get below the surface of things, and be in sympathy with her peoples, and it is because Mrs. Steel has both these qualities and has got nearer the mysterious heart of things Indian than any living writer, that her books are a delight to her disciples.

Of all the stories in the present collection we select for brief notice, "The Wisdom of Our Lord Ganesh," especially commending to the notice of our readers The Gift of Battle, and The Value of a Vote. Be it known that Ganesh is the Indian God of Wisdom, for we are introduced to the narrator of the story, an old resident in India, half delirious with fever—a half forgotten legacy of many years of Indian life—in a little sketching tent off a high road in Wales "hard-hatted round and round with the curious content which comes, as the chills and aches are passing into the fire flood of fever that thrills the finger tips and sets the brain fizzling like champagne."

"The wisdom of Sri Ganesh—the wisdom of our Lord Ganesh."

"Why on earth should that haunt me here in Wales, on a piece no doubt of Nat Gwynne's property?"

Then the sick man remembered. It was because he had seen Nat Gwynne in the distance that day, driving a pair of grey ponies, tandem, with a pretty young girl beside his coarse, heavy, good looks. And they were to be married tomorrow! Couldn't anyone save her, as the wisdom of Sri Ganesh had saved that other one.

* William Heinemann, London.

It all came back to him—the brassy blue sky of India. The shooting party, including Nat Gwynne in the howdah on the back of Ganesh, the Rajah's finest elephant, the fancy of the elephant—as elephants curiously do take fancies—for himself, the latter hatred of his mahout Mahadeo for Nat Gwynne, and Gwynne's inexplicable rage with him, the presence in the camp at night of the old man's grand-daughter, then a sudden trumpet, a rattle as of chained front feet, one little sob, and then the moonlight on the small upturned face which was all Ganesh's feet had spared. Gwynne on his knees beside the dead girl, his face all working with horror and dismay, and the old man's voice, quiet and restrained, explaining that she was "but a light thing."

All this came back to the sick man on the Welsh high road, and then suddenly through a chink in the tent flap the sight of something sinuous, that curved and bent caressingly, and earth and air alike blocked by a huge mass that moved all over with delight. Incredibly true it was Ganesh, sold because of his great height to an English showman, and old Mahadeo, who would not leave his charge, and so had come over the black water. Mahadeo explained that the animal had "always loved the Huzoor even as his master, and must have nosed him out as he passed, the Lord of Elephants having ever a scent, as of rose gardens—which was well since now the Huzoor would be able to get a doctor-sahib and medicine."

Was it in the delirium of fever that the sick man saw Gwynne of Garthwynne abroad that night after the orgie with which he celebrated his last night of bachelordom, litted into the howdah; and later, soft as a snake, the elephant's trunk round the drunken man's neck as he lay asleep?

"Then in a clarion voice the words came. 'By the order of the Lord Ganesh, kill.'"

"The softness, the tenderness of the snaky coil, so sensitive that the finest thread in God's world can scarce escape it, changed suddenly to iron. There was no cry, no struggle. Gwynne of Garthwynne's body swung high in the air, then flung it with all Leviathan's strength fell, and fell."

When the roaring of the distant sea in the sick man's ears ceased a fortnight afterwards, the nine days' wonder of Gwynne of Garthwynne's disappearance on his wedding night had died down."

"Was it then all a dream? Even if it were not. . . Was it not the wisdom of our Lord Ganesh?"

But surely it was "vendetta." The old mahout had bided his time to avenge the betrayal of his grandchild, though he himself had decreed the death penalty for her "lightness."

Some months later the narrator of the story was hailed with a glad cry by the doctor of a cottage hospital in the Midlands. "I've got a poor soul here who won't die. He's an Indian or something, and we can't speak the lingo. You can, I expect."

It was old Mahadeo. "He lay tucked up
between clean sheets on an English bed, with two English hospital nurses tending about him speechless, gasping, at the very point and spit of death, yet waiting—waiting...

"I knew what he wanted, and without a word, his dark eyes following me in dim glosiness. I threw back the clothes and got a firm grip of the sheet at his head. He should at least die as a Hindu should die. 'Now doctor,' I said, 'if you'll take the feet we will let him find freedom outside.'"

"A nurse started forward. 'But the case is pneumonia—double pneumonia.'

"The doctor hesitated; they are always in the hands of the nurses.

"Look here, Jones!' I cried sharply. 'This man doesn't want clinical thermometers, and draw sheets, and caps. He wants freedom. He wants to die as his religion tells him he must die on Mother Earth—aye, even if her bosom is white with snow.'

"And it was, for it was Christmas tide.

"So we lifted him out, the doctor and I, and laid him down on Heaven's white quilt. He just rolled over, face down, into the cool pillow.

"'Kim-Kim—Sita-Ram,' I whispered, kneeling beside him to give him the last dying benediction of his race. Such a quaint one. Only the name of what it is to be superman and super-woman. A last appeal to the higher instincts of humanity.

"There was one little sob. I thought I heard the beginning of the old refrain:

"'The wisdom of our Lord Ganesh—' Then he had found freedom.

"'You seem to know their ways, sir,' said a horsey-looking man. 'So if you could give us a 'elp with this pore fellow's heart, I'd be obliged. Hasn't touched food this ten days—never since the old man took worse, and an elephant, sir, is a dead loss to a show. The master left 'im here with me, but I'm baffled if I can do anything with him."

"A glance told me he was far gone, though he lay couched, not prone, his trunk—marvellous agent for good or ill—stretched out before him, beyond shelter, into the snow.

"As I came up to him I noticed I saw a flicker in his eyes, those eyes so small, so full of wisdom. Then I laid in front of him the old man's turban, ragged, worn, which I had begged of the prim nurses. In a second the whole huge, inert mass of flesh became instinct with life. He rose to his feet with incredible swiftness and softly energy, the old ragged pathy, raised it gently and placed it in the master's seat. For a moment I doubted what would come next, but the instinct which is held in Leviathan's small brain is great. He knew by some mysterious art that the master was dead, that the human mind which had been his guide was gone.

"He took one step forward, threw up his trunk, and the echoes of the surrounding houses cracked with the roaring bellow of his trumpet as he swayed sideways and fell dead.

"That was all the little swing played on English town ever knew of the

"'Wisdom of our Lord Ganesh.'"

"Is it necessary to point a moral? Seeing that as nurses we have to deal with all sorts and conditions of persons, let us pray for the 'spirit of wisdom and understanding.'

—P. G. Y.

**THE GUILDHALL SPEECHES.**

"In this murderous War, the most terrible the world has ever seen, we remain true to our idea of humanity and liberty, and in this ideal we have a source of moral energy which will enable us to master the material forces massed against us. We do not like others, lay claim to have Providence at our disposal, but we believe in the eternal Justice and await its decrees with unshakable confidence."

—The French Ambassador.

"We shall never sheath the sword which we have not lightly drawn until Belgium recovers in full measure all and more than all that she has sacrificed, until France is adequately secured against the menace of aggression, until the rights of the smaller nationalities of Europe are placed upon an unassailable foundation."

—The Prime Minister.

**"THE WOUND."**

I dreamed that, having died, my soul was brought into the Presence. Many angels stood around, and with delight upon me gazed. And higher I discerned the face of God—

Diffusing silent universal bliss.

Then moved an angel toward me, and with joy addressed me, saying: 'Come and rest at last. And, having rested, then thou shalt rejoice.'

The heavenly company smiled on me sweet; But I unbared my soul, and showed to them

That wound which never human word, or hope,

Or pity hath ever 'gnaged; and at the sight

A strange disturbance on the spirits came,

And even a dimness on the face of God.

Then rose from God's right hand a gentle Form,

With silent eyes that said: 'Hast thou forgot?'

And He disclosed his branded brow and hands;

But I, towards him turning, softly said:

'Th' wounds were many, but Thou hadst no child.'

—Stephen Phillips.

**COMING EVENTS.**

**November 14th.**—Monthly Meeting of Central Midwives Board, Board Room, Caxton House, Westminster, S.W. 3.30 p.m.

**December 5th.**—General Meeting League of St. Bartholomew's Hospital Nurses, Clinical Theatre, St. Bartholomew's Hospital, 3 p.m.

**WORD FOR THE WEEK.**

"Ah, Loneliness! Loneliness to whom a boatman of God is the sole saviour on the vast sea of Eternity!"—Yone Nozaki.
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.

WOMEN WAR VICTIMS.

To the Editor of The British Journal of Nursing.

DEAR MADAM,—Letters to the press have voiced the thoughts in the minds of a number of people just now, and it is to be hoped will evoke a clearance of the mystery which seems at the moment to envelop the distribution of the Funds to help Unemployed Women.

To anyone like myself who is interested and affected by the distress on every side, and which is increasing daily, it is incomprehensible that some of the money does not seem to be available to assist a section of the public whose sufferings are, if they were only known, amongst the most acute of any—viz., those of women of good birth and education, who, through malign circumstances, have to fight for their very existence. That they are a brave and gallant band I am convinced from personal and intimate knowledge of their lives. This war has swept everything or nearly everything from beneath the feet of a large number of them. Many I know have been unable to get remunerative work since it was declared, and are trying to eke out their hard won savings or tiny incomes not enough to keep body and soul together. Help Committees abound, and all have been appealed to, needless to say, but assistance does not seem to be forthcoming for this portion of the community at all events, as far as my experience goes.

From careful observation and many hours in those places, I have found the members of the Committees most kind and sympathetic with the exception of a few cases, but I inevitably came away with the impression that women gently bred who want help don't seem to materialise in the scheme of things just now. A sort of contemptuous kindly tolerance, in fact, just describes the light in which they are regarded.

I have still a most poignant remembrance of an interview at which I was a most unwilling witness, having accompanied a woman in her quest for work, as she rather shrank from going alone, but not to a Help Committee this time, quite another kind of one. We had the ill luck to be attended by a distinctly aggressive young woman. My poor friend was told that she must not be expecting luxuries, &c., and so forth; in fact, was as severely lectured as if she had demanded the moon, yet to my certain knowledge this frail delicate woman had been subsisting for weeks on two meals a day, consisting of bread and tea! I could hardly restrain my feelings and got the poor thing out of the place with all possible speed. Next day I went to see a Secretary whose work for women is being widely advertised, but had to put up with a substitute who informed me that there was not the slightest chance of the Secretary ever having time to see me; in fact, since the Society had started the only people she had interviewed were the Ladies in Waiting! That speech was my coup de grace. Nothing except Punch at its best could possibly cope with it, when one considered the true inwardness of the situation.

May I make two suggestions, (1) that well-to-do people should be compelled to share a certain percentage of their incomes with poor relations. It is a shame that men should enjoy every comfort, when their womenkind are in want. And (2) that no well-to-do voluntary workers should be allowed to do work which poor women need in order to live.

Yours truly,
A War Victim.

THE FRENCH FLAG CORPS.

To the Editor of The British Journal of Nursing.

DEAR MADAM,—I am pleased to observe at last that there is a Corps of Nurses for active service abroad with a standard of training, just alike to the patients, wounded men, who need and deserve our very best skill, and to those nurses who have given years of their best to qualify for a three years' certificate of training. Permit me to congratulate the Committee, whoever they may be, on their determination to maintain a high standard of nursing in those sent to France to help the brave troops of our Allies. It will be an honour for any nurse to belong to this Corps, and I am delighted to observe in this week's British Journal of Nursing that my old training school, Guy's Hospital, is apparently the first to respond to your suggestion that each League should form a unit.

Yours truly,
A Member of Guy's Hospital Nurses' League.

[Our suggestion was that each Nurses' League should form a unit and offer for service with the French Flag Nursing Corps, thus securing for the French wounded a corps d'élite. The Leagues are apparently too busy to meet at this crisis, but individuals have begun to take action, and by this means some of our most efficient nurses will be elected to this Corps. The credit of organising the Guy's Hospital unit belongs to Miss Gladys White, Sister Surgery, who having herself volunteered, in a few days secured two fellow Sisters, and two Nurses, together with Miss H. L. Colchester as Supervisor, who speaks fluent French. St. Bartholomew's Hospital nurses also provided a unit in a few days.—Ed.]

OUR PRIZE COMPETITION.

QUESTIONS.

November 21st.—Mention the varieties of vomiting in young infants. What do they usually indicate?

November 28th.—How would you nurse a patient suffering from mental shock?
THE INFANT.*

NUTRITION AND MANAGEMENT.

Dr. Eric Pritchard, Physician to the Queen’s Hospital for Children, Hackney Road, E., &c., has contributed to the literature concerning children a book of real value on their nutrition and management, as was to be expected from so able an exponent on the subject, who has devoted so much time and thought to scientific and practical work amongst young children.

In this preface the author tells us: “Those who read this little book in the expectation of finding a full description of the methods of feeding infants will be disappointed, for according to the views herein set forth each case must be regarded as an individual problem, which is to be solved by the practical application of certain general principles.

“I believe one of the chief reasons why fixed methods of feeding babies so often fail is because the manner in which any particular baby responds to any particular line of treatment depends more on its past experiences than on any other factor, and each infant has its own past.”

On the subject of breast feeding Dr. Pritchard urges at the outset that: “It is one of the chief interests of human ingenuity which, of recent years, has been lavished on the artificial method had been bestowed on studying improvements in the breast feeding of infants, comparatively few infants would even now, in these so-called degenerate days, be relegated to the bottle.” “A very large number of infants are weaned during the first three weeks of life on the advice of doctors, nurses, and friends.”

We may point out that this is a subject on which a nurse should never advise. She should always refer the patient to the medical attendant.

The author says: “It is quite impossible to determine at first whether a young mother and more particularly a primipara will eventually prove a good nurse or not. . . . The nervous and glandular mechanisms concerned in the secretion of milk are extremely complicated, and most of the difficulties which arise in connection with breast-feeding are concerned with setting the machinery as a whole in motion. I believe that it is never justifiable to wean an infant during the first three weeks of life simply on the ground that the breast remains dry. I have known many instances in which the breasts remained refractory for three weeks or longer, and then have afforded satisfactory supplies of milk.”

Dr. Pritchard does not approve of the usual plan of hardening and preparing the nipples by treating them with astringents. The indications are not so much to render the superficial epithelium

* Edward Arnold, 41 and 43, Maddox Street, London, W.

hard and constricted as to make it thoroughly elastic, and to accustom it to the sort of treatment to which it will be exposed when the infant is put to the breast. The best means of preparing the surface of the nipple is to massage it daily with lanolin or some other emollient.”

In regard to constipation in infants Dr. Pritchard quotes a colleague who says: “I know of no drug which is responsible for more chronic constipation in infancy than castor oil.” He goes further and says, “I know of no series of doses of purgative medicine which are responsible for so much constipation at any time of life as the single dose of castor oil, which clears out meconium from the bowel of the new-born infant.”

In regard to the use of petroleum the author writes: “The success which attended my early experiences with petroleum as an intestinal lubricant for infants was so encouraging that in a very short time I practically abandoned all other forms of perient medicine; and it speaks well for the method that this practice has been so widely adopted in the treatment of constipation in older subjects. . . .

“One of the most valuable uses of petroleum is in the treatment of thread-worms in children. This subject, however, hardly comes within the compass of this discussion, but I refer to it because I believe that its almost specific action as a vermifuge in such cases is dependent, not so much on its lethal influence on the parasites, or their eggs, as upon its direct influence on the mucous membrane.”

Midwives and nurses will find much valuable information in this book.

A NEW MATERNITY HOME.

The Professional Classes War Relief Council which has been formed to give assistance to men and women of the professional classes who have been severely embarrassed by the War has established a maternity nursing home at 13, Prince’s Gate, in a beautiful house kindly lent for the purpose by Mr. J. Pierpoint Morgan. It has a voluntary staff of medical practitioners and certificated nurses. It also proposes to supply free maternity nurses and medical attendance. The chairman of the Committee is Mrs. Scharlieb, M.D.

At the meeting of the London County Council on Tuesday, November 10th, the Midwives’ Act Committee reported that legal proceedings had been instituted against Mrs. Harriet Powde, of 20, Carus Road, Battersea, S.W., for practising as a midwife within the administrative County of London without being certified by the Central Midwives’ Board. The case was heard at the South Western Police Court and the defendant fined 5s. and 51 is. costs.
THE FIRST BORN.*

In our review of "The Pastor's Wife," last week we were unable, for lack of space, to allude to much that we should have liked to quote. Readers of The Midwife will be interested to learn how approaching maternity is regarded in Germany.

Ingeborg, the young and inexperienced English wife of the Pastor of Kokenese in East Prussia, was expecting her first baby. When she fainted in church on Christmas Eve, it flashed on her husband that it was the second time in ten days, and that he was indeed and without any doubt at last the happiest of men. He carried his unconscious wife through the congregation and you forgot the churchyard, his face illuminated with joy and pride, and for the rest of the day she ostentatiously the fertilizers (his supreme hobby) in interest, and the laboratory was a place forgotten. It was not until after a visit from the Baroness that Ingeborg realized the necessity for preparations.

"In April Baroness Glambeck drove over one fine afternoon and questioned her as to her preparations and was astonished to find that there were none.

"But my dear Frau Pastorin," she cried, holding up both her yellow kid hands.

"What ought there to be?" asked Ingeborg, who had been too busy wrestling with her daily tasks, her heavily handicapped state, to think of further labours.

"But naturally a manufacture, swaddling clothes, pillow, shirts, flannels. Your mother—what is your mother about not to tell you?"

"Mother is very delicate," said Ingeborg, flushing a little.

"And a swaddle table you must have—-

"A swaddle table?"

"Naturally. To swaddle the child on. And a cradle. And a perambulator. And many things for yourself—necessary, indispensable things."

"What things?" asked Ingeborg faintly.

"She had little spirit. She was more tired every day. Just the difficulty of keeping even with her housekeeping, keeping herself tidy in dresses that seemed to shrink smaller each time she put them on, took up what strength she had. There was none left over. What things? she asked; and her hand, lying listlessly on her lap, were flacid and damp.

"Then the Baroness poured forth an endless and bewildering list with all the gusto and interest of health and leisure. When her English gave out she went on in German. Her list began with a swaddle table, which seemed a very important item, and ended with a midwife.

"Have you spoken with her?" she asked.

"No," said Ingeborg. "I didn't know—where is she?"

"In our village. Frau Dosch. It is lucky for you she is not farther away. Sometimes there is none for miles. She is a very good sort of person. A little old now, but at least she has been very good. You ought to see her at once and arrange."

"'Oh!' said Ingeborg, who felt as if the one blessedness in life would be to creep away somewhere and never arrange anything about anything for ever.

"But it did after this become clear to her that certain preparations would undoubtedly have to be made, and she braced herself to driving into Menko with Bsc (her maid) and going to Königsberg for a day's shopping..."

"The young lady behind the counter very politely called Ingeborg gnädige Fräulein and inquired whether her child was a boy or a girl.

"'Lord God,' cried Bsc, 'how should we know,'

"'But Ingeborg, with dignity and decision said it was a boy.

"'Then,' said the young lady, 'you require blue ribbons.'"

"'Do I?' said Ingeborg, very willing to believe her.

"The young lady sorted out small garments from green calico boxes labelled 'For Firsts.' There were little jackets, little shirts, little caps, everything one could need for the upper portion of a baby.

"'So,' said the young lady, pushing a pile of these articles across the counter to Ingeborg..."

"But,' said Ingeborg, labiously searching out her words, 'the baby doesn't leave off there, at its middle, it'll go on. It'll have legs and things. What does one put on the rest of it?"

"'It'll have a rest, Bsc,' said Ingeborg, also appealing to her. 'These things are just clothes for cherubs.'"

"'Ah so,' said the young lady, visited by a glimmer of understanding: and turning round she dexterously whipped down more green boxes, and taking off the lids brought out squares of different materials, linen, flannel, and a soft white spongy stuff.

"'Swaddle,' she said, holding them up.

"'Swaddle?' said Ingeborg.

"'Swaddle,' confirmed Bsc.

"And as Ingeborg only stared, the young lady gradually pumbling her ignorance, produced a small mattress in a white and frilly linen bag, and diving down beneath the counter, brought up a dusty doll which she deftly rolled up to the armpits in the squares, inserted it into the bag with its head out, and tied it firmly with tapes.

"'So,' she said giving this next object a resounding slap; and picking it up she pretended to rock it fondly in her arms. 'Behold the First Born,' she said."

After that Ingeborg put herself entirely into these experienced hands. The one thing she would not buy was a sewing machine to make her own swaddle, though Bsc assured her that true mothers always did it for themselves, and that it was one of the chief joys of this blessed time seeing the house grow fuller and fuller of swaddle.

* Smith Elder & Co., 15, Waterloo Place, London.
EDITORIAL.

THE COMBATTING OF VENEREAL DISEASES.

It will be an unfeigned pleasure to nurses associated together in the National Council of Trained Nurses of Great Britain and Ireland, who have taken so much interest in the above question, to know that a "National Council for Combating Venereal Diseases" was last week founded at the house of the Royal Society of Medicine, Wimpole Street, London, W., the President of the Royal College of Physicians being in the chair. Sir Thomas Barlow stated that the movement had its origin in a request from Major Leonard Darwin, as President of the Eugenics Education Committee to Sir Rickman Godlee as President of the Royal College of Surgeons, and himself, to support a movement for national education on the subject of venereal diseases. A strong Association was formed, with the co-operation of Sir Henry Morris, President of the Royal Society of Medicine, to report on the incidence and prevalence of these diseases, on the provision existing for their treatment, and on the amount of instruction usually offered to the medical profession on the matter, still further, an extremely important part of the work of the committee was to examine the need for popular information. They found, as might be expected, the prevalence of these diseases great, the provision for treatment poor, and the instruction given inadequate. The breaking out of war drew attention to the fact that "the abnormal state of the country gives rise to conditions which demand to be dealt with. There is great need of disseminating sound knowledge on this subject among the men collected together in large camps, so as to safeguard both their interests and those of the women in the vicinities. Furthermore there is need to anticipate, and if possible to check, that exacerbation of venereal disease which always follows in the wake of a great war."

Sir Thomas Barlow announced that the work which the National Council proposed to do was heartily welcomed by Lord Kitchener, who had already approved a scheme for educating the Army on such matters by qualified lecturers.

Amongst the objects of the newly formed Council are the following:—

To provide accurate and enlightened information as to the prevalence of these diseases and as to the necessity for early treatment.

To encourage and assist the dissemination of a sound knowledge of the physiological laws of life, in order to raise the standard both of health and conduct.

To co-operate with existing associations, to seek their approval and support, and to give advice when desired.

To promote such legislative, social, and administrative reforms as are relevant to the foregoing aims and objects.

Already, at Liverpool, lectures have been given by selected men to male audiences and by selected women to members of their own sex.

The Lancet in a leading article on the subject says that the Council by attempting to disseminate a sound knowledge of the laws of life are going to the root of the matter, for physiological ignorance is at the bottom of much of the prevalence and spread of venereal diseases. This it is, every whit as much as any feeling of shame, sends the victim to a quack... Physiological ignorance again allows the terrible results of latent infection to wreak themselves upon women and children, and still more strikingly is it apparent in the malignant teaching, once so common, that
chastity is in most cases impossible, and in many cases harmful."

In its campaign against these most terrible of the infectious diseases the newly formed Council can count upon the sympathy and support of the National Council of Trained Nurses of Great Britain and Ireland, whose help may be an asset of great value.

In this connection may we offer our heartfelt congratulations to Lavinia L. Dock and Albina Brodrick the two trained nurses who, at the meeting of the International Council of Nurses in London five years ago, delivered such magnificent speeches on the necessity for the action now taken by the leaders of the medical profession.

OUR PRIZE COMPETITION.

MENTION THE VARIETIES OF VOMITING IN YOUNG INFANTS. WHAT DO THEY USUALLY INDICATE?

We have pleasure in awarding the prize this week to Miss Edith F. Mason, Croydon Infirmary, Thornton Heath, Surrey.

PRIZE PAPER.

Vomiting is the chief symptom of gastric disturbance, and in young infants is usually divided into three varieties, viz.:—

1. Vomiting immediately after food.
2. Vomiting from ten minutes to half an hour after food.
3. Vomiting more than half an hour after food.

1. Vomiting immediately after food may indicate (i) simple overfilling of the stomach; as a rule the milk will flow out of the mouth in a gentle stream, without either effort or noise, and is unchanged and has no sour odour.

(ii) Vomiting due to crutchation of gas is of a more violent character. Air is taken into the stomach either before the feeding by the use of a "dummy" teat, or during the feeding by the bottle being held too horizontally, or the hole in the teat is too small. The violent efforts to disperse the wind result in the ejection of food. By holding an infant in the upright position it can be trained to bring up the wind without vomiting.

3. Vomiting immediately after food may be due to violent movements in the stomach, induced by—

(a) The irritating or stimulating quality of the food.
(b) The irritable condition of the nervous mechanism of the stomach.
(c) Shaking or jolting of the infant.

The most important of these is the irritating quality of the food. The mother may have eaten something which imparts to the milk an unusual flavour, or in the case of a hand-fed infant the cows may have been fed on unsuitable food, or the milk may have undergone slight decomposition. Nervous disturbances in the mother, causing alteration in the metabolic processes of nutrition, may cause human milk to suddenly become very irritating to the infant's stomach.

2. In vomiting from ten minutes to half an hour after food, the milk is of a sour odour, and contains clots due to the milk coagulating too rapidly in the stomach, causing it to resent the irritation. This may be caused by the presence of acid bodies in the stomach at the time of feeding. This is liable to occur when the stomach has not been completely emptied since the last meal, and may be due to an insufficient time between the feeding, the indigestible character of the food, or to mechanical interference with the motor functions of the stomach.

3. Vomiting more than half an hour after food has been taken to indicate that either the food is of an indigestible character or that the powers of digestion are feebly developed. The vomited food will consist of solid matter, which has not been liquefied and is therefore unable to pass through the narrow pyloric orifice. The food under these conditions remains too long in the stomach, and chemical changes, such as fermentation or decomposition from bacterial action occur. Other reasons of prolonged digestion causing vomiting are inco-ordination of the muscular contractions concerned in gastric movements, dilatation of the stomach from overfilling, or incomplete emptying or irritability, or spasmodic closure of the pyloric sphincter.

Vomiting often occurs in infants purely as the result of nervous disorders, or it may be present in inflammatory or other disturbance of the bowel, as in summer diarrhœa, &c.; it is an important symptom in certain cases of fever or toxic poisoning; but the majority of cases of vomiting in young infants are due to food causes.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dora Vine, Miss H. M. Springbett, Miss E. Robinson, Miss M. McMahon, Miss F. Wright, Miss G. Bowden, Miss F. Sheppard.

QUESTION FOR NEXT WEEK.

How would you nurse a patient suffering from mental shock?
THE SOLDIERS' FEET AND FOOTGEAR.

Dr. Cecil Webb Johnson, Captain R.A.M.C. (T.F.) and Hon. Secretary of Naval and Military Medicine and Surgery Section at the Annual Meeting of the British Medical Association, 1914, has contributed to the British Medical Journal a most valuable and practical paper on the above subject, from which we quote in part:

THE SOLDIERS' FEET.

The soldier's foot has not only to support the whole weight of the body, but also to act as a buffer, and prevent sheaves being transmitted to the knee and hip joints when jumping or doubling over rough ground.

It must be capable of standing the strain of long marches without becoming incapacitated by pain and loss of power. The medical officer should reject as unfit any recruit who suffers from the following conditions in a bad form:—

(1) Flat-foot, (2) hallux valgus, (3) hammer toe, (4) ingrowing toenail, (5) corns, (6) bunions.

Some of these conditions can be cured so as to give a man a serviceable foot, but with others it is quite impossible. In the former case a recruit should not be accepted until he has undergone treatment and been cured, while in the latter he should be unconditionally rejected.

After dealing with flat-foot and hallux valgus, Dr. Johnson refers to hammer toe, on the top of which there is generally a corn. At the end of the toe, where it presses on the boot, another corn is often found, and these corns become exquisitely painful, and prevent a man from marching.

Ingrowing Toenail.—This is an extremely painful condition, caused by wearing boots with narrow toes. In a slight case, the boots having been corrected, the nail should be cut square and a wedge-shaped piece taken from the centre, or the centre of the nail should be scraped and filed down, and the pressure relieved by packing plugs of cotton-wool under the free ends and sides of the nail. If this does not relieve the symptoms the nail should be removed by one of the recognized methods.

Corns.—Hard corns, caused by the pressure of tight boots, are most commonly found on the sides of the toes, under the tread, and on the heel. Soft corns, caused by dirt and sweat, are usually found between the toes. Corns are more painful in wet than in dry weather, and are said to "shoot," a condition due to a sudden increase of activity in the vascular and sensitive papille on the approach of damp weather. The treatment of corns may be divided into palliative and radical, but it should be remembered that if the boots fit properly without undue pressure, the soldier should be free from them. If no chiropodist is at hand the corns may be rubbed down daily with pumice stone, and, if tender, protected with a piece of stockingette plaster, stretched over the corn with a good margin. For the radical cure the area of corn is painted with tincture of iodine, and all the thickened epidermis is cleared away with a scalpel, this being facilitated by making the skin tense with the left fingers. Then the concentrated apex or ridges, which are the actual cause of the pain, are lifted out with a sharp-pointed, straight scalpel. Often there is a small adventitious bursa, which should also be removed, and an antiseptic dressing placed in the cavity. Circular plasters are seldom effective, as the portion on the distal side of the corn may press back in walking, and irritate, but it is advisable to pad with a crescent-shaped piece on the posterior aspect of the wound, and cover with a stockingette plaster.

Bunions are generally associated with hallux valgus, and, if accompanied by synovitis, prevent marching. To alleviate the pain a wedge-shaped felt pad should be worn between the great and second toes at the base, and, in addition, a crescent-shaped adhesive felt pad on the metatarsal aspect, posterior to the joint.

SORE FEET.

The disabilities of the foot already mentioned, although coming under the general heading of sore feet, as used in military parlance, do not constitute the ordinary variety met with after a march. Sore feet are of several varieties and degrees of severity, and, if promptly and properly treated, may be quickly cured. When the skin of the foot is irritated by the boot or sock either pressing or rubbing on it, or when, through lack of cleanliness, sweat and various germs collect on it, the foot becomes hot, swollen, and tender. If the condition is not suitably and quickly treated, blisters form, especially under heel and above it, at the sides of the feet, between the toes, and at the anterior roots of the toes. If this in turn is neglected, there is a danger of the hard, horny skin being rubbed off, and the tender deep layer of the true skin being exposed, and if this is not treated there is every possibility of the deeper tissues being involved, and of an ulcer forming. Dr. Johnson believes that practically all the causes of sore and blistered feet after a march can be avoided if it is seen that:

(a) The boots and socks fit properly.
(b) They are periodically inspected.
(c) The boot is kept soft and supple.

(d) The sock is kept clean and well darned.

(e) The feet are washed and thoroughly dried daily.

(f) There is a regular foot inspection.

(g) The chiropodist is consulted early.

It cannot be denied that some men's feet blister more readily than others, and it is wise in such cases to try to harden the skin and make it less susceptible. When a man's feet are sore and inflamed, but not blistered, it is advisable for him not only to carry out all the rules laid down in this paper, but also regularly to do one of the following:

(a) Rub the feet night and morning with spirit, to which may be added 1 to 2 per cent. of salicylic acid.

(b) Paint the tender parts once or twice a day with either a saturated solution of picric acid, or a solution of chronic acid (2 to 3 grains to the ounce).

(c) After drying the feet, sprinkle with a powder composed of tannic and salicylic acid (salicylic acid 2 grains, take 1 oz.).

(d) Soak the feet in a bucket of cold water, to which potassium permanganate, salt, alum, tannic acid, or saltpetre has been added.

Men who complain of excessive sweating of the feet should soak them daily in a solution of formalin and water (1 to 800), dry them, and dust them with zinc oxide or some other powder. Tender feet may be well greased with zinc or boracic ointment, or the soles of the feet may be soaked. When a man's feet are normally fatigued at the end of a long march, after he has washed and dried them he will find great relief if he lies down and raises the feet by resting them against some firm object.

One cannot leave the question of the soldiers' feet without mentioning the fact that the gonococcus is responsible for many foot disabilities in the Army. The fons et origo of the trouble should be drastically treated, and the serum injections resorted to, but a man with gonococcal arthritis, or flat-foot, should be rejected, as he will always be a danger to his unit.

If every soldier were taught to take as much care of his feet, boots, and socks as his rifle, and, in addition, were compelled to do so, sore feet would cease to give trouble. The civil surgeon may inquire, "Why all this toil for the triumph of an hour?" and my answer is "Finis coronat opus." The crowning hour of success may be gained by men whose feet can carry them to victory; but can never be won by those who cry in despair, 'Polo, non valeo.'

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**FRENCH FLAG NURSING CORPS.**

We notified last week that at an early date the thirty nurses forming Units V to IX of the above Corps would leave for France.

On Saturday last Mrs. Murray and Dr. Murray Leslie, and Mrs. Anderson, formerly of St. Thomas' Hospital, chaperoned to Rouen the Guy's and Scottish units, and on the following day telegraphed for an additional eighteen nurses, the majority of whose names and qualifications we published last week. On Thursday, the 19th inst., the party left for France, in the care of supervisors—Miss Florence Burn, Miss Alys Barry, Miss Webster (cert. Melbourne Hospital, and formerly Matron of the Colony Hospital, St. Vincent, B.W. Indies), and Miss A. M. Hanning (cert. Royal Infirmary, Sunderland), who took with her Miss Eaddy and Miss Cooke, registered nurses in New Zealand, holding certificates from the Gisborne and Auckland Hospitals, now Canada, Australia, and New Zealand are represented in the Corps. The Scottish unit, supervised by Miss C. Mitchell, spent a few days in London, and from the picture over page, our readers will gather what a bonny band of nurses they are, and how much the committee is in the debt of Miss Gill for her admirable selection. Fifty-eight nurses have now been despatched to the Rouen district, and the three units to complete the 75 required are ready when requisitioned—that of the National Union of Trained Nurses, the 2nd Scottish, and the Irish unit. The disposition of the nurses has been made by the medical Chef de Service at Rouen, to Havre, Trouville, Deauville, Houlgate, Caen, and some dozen other places in the vicinity.

Already the nurses write of the great need of thoroughly skilled nursing in the French hospitals and ambulances, and the sad condition of the patients—their need of cleanliness, comforts, and clothing when discharged, and the Superintendent of two Queen's Nurses sent out has offered kind help in this connection. We greatly hope that as soon as the immediate press of work of selecting a thoroughly reliable nursing staff has been effected, that some attempt may be made to give practical help to the French soldiers nursed by the members of the French Flag Nursing Corps. We feel sure many kind people who have to stay comfortably at home, and who long to be of use, would help the committee in such a scheme. We must remember that many factories in France have been smashed up, and that wool and woollen
goods are at a premium. Warm winter clothing can hardly be procured by the poor, especially by the brave men who have given up everything to fight for their beloved country. Such poor fellows have lost all they ever possessed in this world, and their clothes are in tatters. Anyway, let us try and do something to help them, even if it be little. We will gather some definite information on the subject, and then make an appeal for help. We can all suggested; "but don't give up buying those delectable pats, which your friends find so refreshing, because some worker will suffer if you do—but send the savon de luxe for the use of the wounded—they simply love it—and use yellow soap yourself." Nothing could be more distasteful to this one-time sybarite, but she is doing it.

The principle upon which to act in these hard times, is to exercise self-denial in your giving.

We feel sure members of the French Flag Corps will often enjoy this privilege in the performance of their arduous duties. Let it be savon de luxe for patients, and common "yellow" for self.

Gifts made in this spirit will not only benefit the recipient, but the giver.
ACTIVE SERVICE.

BRITISH RED CROSS SOCIETY.

The following nurses have been selected for service on a hospital train in France, the arrangements for which are in the hands of Sir John Furley. It is hoped that the unit may leave at the end of this week:


THE CANADIAN CONTINGENT.

The Nursing Sisters belonging to No. 1 General Hospital Canadian Expeditionary Force left for France on November 7th.


The following Sisters left at the same time to be distributed in hospitals in France:—Nursing Sisters Edith Campbell (acting matron), B. J. Blewett, L. Burns, C. Bowden, C. Bruce, C. Galt, W. Hammell, F. Hunter, M. C. Jamieson, B. Mattice, N. Meiklejohn, N. O'Loane, G. F. Pense, J. Pelletier, M. Pugh, H. J. Robertson, C. Scoble, J. B. Smith, M. Smith, and J. Stronach.

Matron Macdonald and the Sisters remaining with her and those who were allotted to duty in London Hospitals are to form the staff of No. 2 General Hospital when needed in France. The Nursing Sisters allotted to duty in London Hospitals are:

At the 2nd London General Hospital, Chelsea:—Nursing Sisters E. Barpee, E. M. Dixon, M. Follette, G. M. Holmes, A. Howard, and M. A. McLeod.


THE AUSTRALIAN CONTINGENT.

The following Melbourne Nurses have volunteered for the Army Nursing Corps which will accompany the first Australian Contingent:—Miss Mary Finlay (Acting Matron), Miss Hilda Samsing, Mrs. McHardy White, and Misses Evelyn Conyers, Kitchen and Jane Lempiere.

NURSING AND THE WAR.

The undermentioned nurses have been supplied through the British Red Cross Society for service in the following Red Cross Hospitals at Home:—

Spondon Hospital, Derbyshire.—Miss Worthington, Matron.

Swanage Hospital.—Misses Cummins and Clapp.

South Wingfield Hospital, Derbyshire.—Mrs. Shields.

Northavon Hospital, Kent.—Miss Parkinson.

Bolton Hospital, Lancashire.—Miss Johnstone.

Lord Onslow's Hospital, Clondon.—Miss Low and Miss Simmons.

Colne Hospital, Essex.—Miss Nora Taylor.

Stourminster Marshall, nr. Wimborne.—Miss F. Pratt.

Milton Hill Hospital.—Miss Munroe.

Waterley Abbey Hospital.—Miss Chappell.

Stourbridge Hospital.—Misses Taylor, Holland, Stevens.

Barnsley Hospital.—Misses Macfadyen and Robinson.

The Hov. Mrs. Robert Lindsay's Hospital for Officers.—Miss Turner.

Exeter Voluntary Aid Hospital.—Miss Merrill.

Southampton Docks Hospital.—Miss Street.

The following nurses have been supplied through the St. John Ambulance Association:—

27, Grosvenor Square, W.2.—Miss H. Robertson.

Newton Abbott, Ambulance Hall.—Miss Stiffe, Matron.

Roseneath House, Winchmore Hill.—Miss E. Hurlbut, Matron ; Miss McIlraith.

Brimdale Hall, Norfolk.—Miss Susan Fox.

THE INDIAN (LADY HARDINGE) HOSPITAL.

The following ladies have been provisionally appointed to the staff of the Indian (Lady Hardinge) Hospital, at Brockenhurst, under the auspices of the Order of St. John of Jerusalem:—

Matron—Miss McCall Anderson, R.R.C. ; Assistant Matron—Miss Ryman Smith ; Sisters—Mrs. Addyman and Mrs. Moir, and Misses Knox-Shipton, MacGibbon, Osborne, Howard, Bowman, Rait, Hayden, Nourse, Gibbons, B. H. Hand, Higg, and Froodsham.

In an article in the Daily Chronicle, signed "Barbara Dane," the writer argues: "In almost every newspaper despatch that has come from the seat of War, the need for more nurses has been emphasised. Piteable tales are told of soldiers lying in rough sheds or even on the open fields, with their wounds untended and their sufferings unrelieved. And yet, here in England, we are told that no nurse can be accepted for work abroad unless she has had her three years' training in a recognised hospital school. We can make a soldier in less than six months; it seems, but it takes three years to make a nurse! 

... "Again, one must remember that in every big town there are hospitals crowded with
people suffering from dangerous and complicated diseases. These poor sufferers need a more skilled nursing than does the wounded soldier.

With energy and enthusiasm, intelligence and real hard work, a woman could learn sufficient in six months to make it possible for her to prevent a vast amount of suffering on the battlefield. And while we ought to make it as easy as possible for the trained nurse to volunteer, we ought to remember that three years in a general hospital in which there has never been a wounded soldier may be less valuable training than six months in a London hospital crowded with wounded from the battlefield.

It must be insisted (1) That there is no justification for employing untrained or semi-trained women, while there are plenty with full training available, and that the country must protect the sick and wounded soldiers who have fallen in its service from the pain and danger to life of unskilled attendance; and (2) That people who seriously desire to help our sick soldiers wish to prove the reality of that desire, let them enter our hospitals as probationers and qualify themselves, by passing through the prescribed course, for nursing in any future war, realizing that, as they have not yet done so, their services in the present War are — so far as the sick and wounded are concerned — not required, though there are many other ways in which they can be of use. There is useful work for all who are of "an honest and good heart," as the following account shows:

A lady who was science mistress in a London school, who went out to Boulogne, describes in the Morning Post the way she is occupied:

"The third day we were here the authorities gave us two railway trucks and two carriages, one third class, the other first and second class. They are drawn up on a siding. We began by scrubbing them out and disinfecting them, for they were simply filthy. One compartment — and I have made into a really lovely kitchen; the others are used for our dispensary and stores. We have an excellent equipment, including a little range, which, however, is far too small for the enormous quantities of food we require, so that we have to have a huge fire between two old railway lines, on which stand enormous cauldrons of soup, cocoa, and tea.

"The catering is very difficult, as we never know how many men we shall have to feed or at what time they will arrive. The Railway Transport Officer suddenly announces to us that a train with any number from 300 to 800 wounded is coming through in twenty minutes, and we have to be ready to feed them all, so that life consists in preparing vegetables and stirring huge cauldrons over the fire, and I am always in an indescribable state of dirt.

"I can't tell you how splendidly the wounded are. All those who can do so are smiling and joking about their wounds, while those who are very bad lie in absolute silence and never make a complaint or groan. They are all most grateful for the hot soup and cocoa; some have had to travel for hours without food.

"We saw a lot of Indians going to the Front. They are charming and look most picturesque in their khaki suits and turbans. They were cooking their food in lovely brass pots. It is most difficult to feed them when they come in wounded, as they will not, of course, eat any food cooked by us. They will, however, take tea, and mutely express their gratitude with their dark brown eyes, while sobbing ingreatly."

Miss Grace Ashley Smith, a trained nurse, and Hon. Secretary of the First Aid Nursing Yeomanry Corps, writing of her experiences in Belgium, describes her experiences on being sent with a Belgian Motor Ambulance to look for the wounded, when British and Belgians were fighting in the trenches round Lierre. The ambulance was stopped under cover of a brick building.

"The trenches were 200 yards away, and my Belgian friend and the chauffeur, with a soldier guide, ran off at once. I followed after, and suddenly realised that the noise all round was made by shells and shrapnel flying. For a moment terror seized me. Then I ran on hard, and whilst the men picked up the worst wounded I helped a man whose right leg was torn fearfully. He leaped on my shoulder and hopped on the other leg. Suddenly, there was a deafening crash, and for a few seconds I stood blinking my eyes, wondering where my man with the bad leg had vanished to. Looking round I saw him lying flat in a big ditch by the side of the field, and the other men all there too.

"Then it struck me a shell had burst close to us, and I ran and sat down in the ditch also. However, by this time, they were crawling out, and we got to our motor ambulance and returned in triumph."

After being in Antwerp during the siege, Miss Ashley Smith left for Ostend with British wounded, but when at Edoo, some fourteen miles away, hearing that a British officer, too ill to be removed, had been left behind by the ambulance party, she went back, and had him removed to a nursing home.

"After the third night's watch, 'the morning,' Miss Ashley Smith writes, 'brought death in its train. I wanted to go and ask the German General for a military funeral, but I was strongly urged against this course. So next day a gallant officer was buried by three women—a Scotch nurse in Guy's Hospital uniform, a Belgian-English nurse in the same, and I in my khaki First-Aid Nursing Yeomanry uniform.

"We followed his hearse, passing through lines of German soldiers, who eyed my khaki with amazement, but did not molest us, and there, in a foreign cemetery, I read the burial service over him."

Later, Miss Ashley Smith relates: "I drove to the German Staff Headquarters. I told them I had been here to nurse British wounded, and now I wanted to go back to England, and asked for a passport. They were very polite, and almost sympathetic, but said no one was allowed westwards."
CARE OF THE WOUNDED.

The King and Queen are indetatigable in visiting the sick and wounded who have returned from the front. On Saturday their Majesties visited the wounded officers at Mrs. Hall Walker's Hospital, Sussex Lodge, Regent's Park, and also at 43, Belgrave Square, S.W., where Lord and Lady Aberdeen have converted their beautiful house into a hospital for the wounded; they have also placed Hilders, their residence at Haslemere, at the disposal of the Surrey Territorial Association as a convalescent home for Territorials.

Earlier in the week the Queen made a special journey down to Paimpton to see the American Women's Hospital at Oldway House, which was recently described in these columns, giving great pleasure to the patients. Her Majesty considered the position of the hospital ideal, and expressed much satisfaction with its equipment. The Queen has also visited the Campbell Hospital for Officers, at 10, Cambridge Square.

The King and Queen on Tuesday visited the military hospitals at Balmer Lawn and Forest Park in the New Forest, inspected the huts now being erected at Brockenhurst for the wounded Indian soldiers and the Morant War Hospital.

The Australian Branch of the British Red Cross Society has sent a further contribution of £5,000, bringing the total up to £90,330, irrespective of £3,000 received from the Commonwealth towards motor ambulances, and Queen Alexandra has sent the following telegram through Sir George Reid, the High Commissioner, to Lady Helen Munro Ferguson:

"As President of our British Red Cross Society, I am most deeply grateful to the Australian branch and to the Commonwealth for their magnificent gifts to our Society of £30,330 and £3,000 (for motor ambulances), sent me through the High Commissioner—Alexandra."

The British Red Cross Society report that during the week ending November 11th eighty-four motor ambulances have been despatched to the Front. Four of these are being used temporarily at Southampton, and one is at present helping in Oxford. Four cooks have been engaged; four mechanics have left; chauffeurs are still being engaged at the rate of about twenty per day, to supply the needs of the average despatch of ambulances.

Princess Christian last week paid a visit to the Queen Mary and Princess Christian Hospital at South Queensferry on the Firth of Forth, where there are at present a number of sick cases from the Fleet in the wards, and afterwards visited Lady Beatty, wife of Rear-Admiral Sir David Beatty, on board the steam yacht Sheila which is now equipped as a hospital ship.

Princess Henry of Battenberg, accompanied by Prince Alexander of Battenberg, last week visited Middlesex Hospital, where a large number of sick and wounded soldiers are being treated. Her Royal Highness remained at the hospital for an hour and a half, and conversed with many of the wounded men.

The Second London General Hospital, at St. Mark's College, was honoured by a visit from Princess Henry of Battenberg on Monday afternoon. Her Royal Highness was received by the Matron, Miss Riddell, and was escorted round the Surgical Ward. Many of the patients, including a number of wounded Belgian soldiers, received from Her Royal Highness a few words of kindly sympathy.

One hundred beds at University College Hospital are now set apart for sick and wounded soldiers, and are filled by patients from the base hospitals of France. The majority are English soldiers, but there is also a proportion of Belgians.

At a meeting at the Liverpool Exchange News-room, when an appeal was made by Dr. Haden Guest for the provision of a base hospital for wounded soldiers in France by the citizens of Liverpool, the Earl of Derby, who presided, promised £1,000 and £10 a month till the conclusion of the war. Mr. William Caine and his brother promised £3,000, and guaranteed £2,000 for the working expenses of the first month.

Dr. Haden Guest pleaded for a hospital "to go straight as an arrow to the mark where the need is at the moment."

A fortnight ago at Calais the Belgian wounded were coming in at the rate of one thousand a day. They had reports of men lying about in the streets with their wounds uncared for, and others with their injuries bound up with strips of trousers, there being no doctors or nurses to deal with the emergency.

The Red Cross Society had a short time before been provided with appliances by the Baltic Corn Exchange in London, and they were able at once to send out a hospital to deal with the emergency at Calais. Lord Knutsford informed him that he found amazingly perfect arrangements at Calais, and that was simply because the Baltic Exchange had sent a hospital to do the work.

The recent arrivals in Dublin of wounded soldiers from France have taxed the accommodation available in the general hospitals; and Sir Thomas Myles proposes that a temporary wooden or iron hospital should be established in the Phoenix Park capable of holding 1,000 beds. He thinks that the control of the nursing should be in the hands of trained nurses and that women who have recently been training in hospitals to prepare them for emergency work might work under them.

Some 700 wounded officers and men were recently taken to Dublin from Boulogne by the hospital ship Oxfordshire. Many of the cases were serious, a number of them being cases of septic wounds. Most of them were received by the
Dublin hospitals, but some 150 were sent on to Belfast by the ambulance train specially built, since the War began, by the Great Northern Railway Company of Ireland.

A branch of the Women's Hospital, at Claridge's Hotel, Paris, has now been established nearer the fighting line at Wimereux, in charge of Dr. Garrett Anderson, who is urgently appealing for blankets, sheets, pillow-cases, towels, and donations for detraying current expenses. Gifts should be sent to Dr. Woodcock, 27, Nottingham Place, London, W.

Corporal S. Healy, of the Royal Irish Regiment, tells of the bravery of a sixteen year-old French girl after one of the hardest fights along the Aisne. When many of the British wounded were lying out in the open, nearly mad with thirst, and with no prospect of relief till next day, they saw a charming girl picking her way among the dead and wounded. She had risked her life to bring them goat's milk and wine because she was grateful to the British troops for helping to drive the German invaders back. She seemed to be without fear, and tripped along in spite of the shells and rifle fire. "We were all, says the sergeant, "stricken with grief when she was carried into hospital next day. She had been shot on the way back. It was a nasty wound, but after an operation the doctors hoped she would pull through. Every soldier who saw her prays for her every night."

Mr. Douglas B. Hall writes to the Morning Post from the steam yacht Sandown on French rivers and canals:

As the Special Representative (appointed by the Chief Commissioner of the Red Cross and the St. John Ambulance) in control of hospital barges, it may interest your readers to learn what provision we are making for the conveyance of sick and wounded soldiers along the splendid river and canal system of France. These rivers and canals run right through all the fighting area, eventuality coming out at the sea at different ports in the Channel. Not only are such important centres as Paris and Rouen connected by this means with the sea, but also many other towns and villages which the public have recently heard of in connection with the terrific fighting which has taken place. In addition to our present barge which I have been recently towed full of wounded, further barges are to be constructed, each capable of holding 50 wounded, with nurses, attendants, and surgeons, kitchens, operating-rooms, and all other requisites. The unit proposed will be four barges, enabling over 200 wounded to be conveyed by one tug, and thus avoiding the necessary shaking and discomfort of hospital trains. In addition to this, by using the rivers and canals the movement of troops on the railway will not be interfered with. This is an immense advantage, as the railways are already overcrowded with troop and supply trains, and hospital trains have constantly to be held up.

Another great advantage is that if the hospital ship has not arrived when the barges get to the port, there is no necessity for the often painful and temporary removation of the wounded for a day or so to a shore hospital to await the ship, as the wounded can remain in the barges until it is time to tow them alongside the hospital ship, even if through fog or other causes this is a matter of some days. The barges employed are big, roomy barges, 120 feet long, 15 feet broad, and 10 feet high, much larger than are used in England. There are many of these barges available, owing to the fact that most of the commercial traffic on the canals has long been stopped, and care is taken only to use fairly new and clean barges which have been used in the conveyance of timber or stone or other clean and harmless cargoes. This mode of transit has long been considered by the R.A.M.C. and other high authorities as the most ideal means of conveying wounded, as, although it may be slow, wounded men are in no hurry, and can be as well and economically attended to on these barges as in hospital tents; in fact, they are infinitely warmer and drier (being heated) than tents are in this cold, foggy weather. Up to now, however, they have never been put into practical use until Colonel Barefoot (D.D.M.S., on the lines of communication), took the idea in hand. We hope soon to have several units fitted out which, if not of so much use in the winter, when canals may possibly be frozen (although it takes severe and continuous frost to freeze a canal sufficiently to stop transit and prevent the ice-breakers working), yet will be of infinite use in the early spring. I personally have been now for many weeks running up and down certain rivers conveying wounded officers on my boat, and know from experience how grateful they are for this mode of smooth and comfortable transit.

This mode of travel must be infinitely preferable for wounded men to the frequent changes necessitated on the journey by land, even under the best conditions.

The soldiers in the field will welcome the "bath train," which is being despatched from Petrograd, by means of which 2,000 baths daily can be provided. Clean underclothes can also be issued from the stores carried, and there are cars for drying and disinfecting outer garments, and a food car. A more popular train could hardly have been conceived.

It is reported from Paris that a Lyons chemist claims to have discovered an enteric vaccine against typhoid which consists in a treatment which can easily be followed even in the firing line, and with which no reaction is possible. The treatment has been adopted by Dr. Roux of the Pasteur Institute, and doses are being despatched to the armies at the rate of 30,000 a week. After absorption of the remedy the patient is immune against typhoid for three years.
NURSING ORGANIZATION IN NEW ZEALAND.

Dr. J. P. Frengley, F.R.C.S.I., D.P.H., has in the absence of Dr. Valentine, Inspector-General, and Chief Health Officer in New Zealand, presented the Annual Report of his Department for the year ending March 31st, 1914, to the Hon. the Minister of Public Health.

The Report, as usual, includes one from Miss H. Maclean, Assistant Inspector, which is of such extreme interest that we should like to quote it in full.

THE NURSES' REGISTRATION ACT.

During the year two examinations under the Act have been held by the State in nine different centres.

In regard to the personal suitability of candidates for the nursing profession, Miss Maclean emphasises the fact that "it is during the term of training that those who are unsuitable for the high profession of nursing should be weeded out. . . . The manner in which to obtain some guarantee that the nurses registered by the State will be the right stamp of women is for the Hospital Boards to realise the great power which is in their hands, and to make careful and judicious selection of the women they put in charge of their training schools. Having done this they should invest the Matron with sufficient responsibility, and allow her to select to the best of her judgment the material she is to train, and allow her also to reject the material which on trial she finds unsuitable.

"There appears to be a sufficient number of young women coming forward in the larger schools to train as nurses, but some hospital authorities have found it advisable to reduce the age for entrance from twenty-three to twenty-one or twenty years of age. This is a wise step. It is not so much the age as the personality, development and circumstances which count. Many suitable applicants are lost because the time between completing education and entering a hospital is so long that the girl, perhaps obliged to achieve independence, drifts into some other occupation." Miss Maclean then quotes some remarks of a Matron at a Conference of the New Zealand Trained Nurses' Association. "When should a girl begin her nursing training? To answer this one naturally asks, When does a girl usually begin to train for life's work? We will be surprised to find that for every other profession she begins her training at school while in her early teens. Does she intend to follow medicine, she selects her subjects for that career when studying for her matriculation, probably at the age of fourteen. Should law be the object of her ambition, or an Arts degree be her goal, the same early period of her youth marks the selection of her subjects, always bearing in mind that the subjects for each examination are all preliminaries to the highest position she can attain to in that special profession. Why should the girl who early decides that nursing is to be her chosen vocation not be educated on these lines, and in the subjects that can and will be of most use to her in that profession. We now know that physiology, anatomy, hygiene, and cooking are to form big factors in modern teaching for the successful home life of the wives and mothers of the future, so also is the domestic science course; therefore I claim that we should be prepared to select for the girls who intend to be nurses those subjects most necessary for the successful fulfilment of their ambition." In regard to the age at which probationers should be accepted for training the same authority points out that a girl may enter for a medical course and be a fully-qualified medical practitioner, when she is permitted by law to prescribe for any ailment, and treat any case, however critical, by the time she is twenty-one, but she is debarred by an unwritten law from learning to nurse such a case until she is twenty-one years old."

Miss Maclean further reports that there has not during this year been the former shortage of trained nurses for the staffs of the various hospitals. The output of the training schools has been largely increased, and as many of the registered nurses have agreed to remain after registration for a fourth year in their training schools, there has not been the urgent call for outside nurses. The hospitals which exact this agreement from their probationers are now offering some special advantages for the nurses in this fourth year. The Auckland Hospital has an excellent scheme to give post graduate courses in hospital management, dispensing, midwifery, massage, and electrical treatment. The Dunedin Hospital has a similar scheme, and others are considering the same.

From which we gather that the effect of a Nurses' Registration Act is to decrease the shortage of nurses, to systematise nursing education, and to afford increased opportunities for valuable post graduate experience.

MAORI NURSES.

It is interesting to learn that there were four Maori candidates for examination during the year. "Two passed very well, two others passed in all but one subject, and are sitting again with a fair prospect of success. More native nurses are required for country work, and it is hoped that the example of these mentioned may stimulate them to go through their training, and may also encourage the teachers to persevere in their rather uphill work. It is perhaps expecting a good deal to make these Maori girls pass the same examination as the European nurses, but so far all who have been registered have done so, and taken very fair places among their fellow trainees, and therefore it would be inadvisable to accept any lower standard. The qualities the Maori girls are lacking in are not intelligence and adaptability, but application and reliability.

We congratulate the New Zealand authorities on the statesmanlike course which they have adopted.
PRACTICAL POINTS.

A Cheap Cradle.

A very cheap and satisfactory cradle for injured limbs may be made with a length of strong, close-meshed chicken-wire of the desired width. This may be bent to any angle. The raw ends of cut wire should each be bent back nearly into itself by flat-mouthed pliers, and a strip of white American cloth should be sewn on each end as a binding.

A New Bandage Fastener.

A little device for fastening bandages securely and neatly has recently been introduced, says the Modern Hospital, and is offered by the supply houses under the name of the Swope bandage fastener. After the bandage is applied to the injured member the loose ends are folded under for about one inch. The bandage fastener (Fig. 1) is introduced into the folded end, with the ring parts (Fig. 1) pointing upward, leaving the ring hooks pointing downward. By slightly pulling the bandage down, the lower hooks are pushed into the bandage and held securely. The hooks are turned in and well rounded thus preventing injury from the sharp points.

Fig. 1.—Swope Bandage Fastener.

Care of Beds.

The condition of the wards as to clean and sweet air, says the Hygiene Gazette, greatly depends on the condition of the beds. Beds need fresh air, and sunshine and wind are capital every day disinfectants for bedding. If possible, pillows and mattresses should have a good blow between cases. If a hospital is surrounded by an open space, as it should be, this can be easily arranged; otherwise they may be hung on the window ledge for a time, and thus be sweetened. The sick body is very often malodorous, in spite of ablutions, disinfectants and drugs such as iodiform may be objectionable to sensitive olfactory nerves. Bedding, therefore, should be constantly aired.

The Administration of Medicines.

Miss M. N. Oxford, in "Nursing in War Time," gives a necessary reminder that medicine spilt on a patient's clothes or bed-linen often makes stains that will not wash out. Iron especially stains whatever it touches, and iron and acids injure the teeth. It is a good thing after taking them to wash out the mouth with water in which a little bicarbonate of soda has been dissolved.

EXAMINATIONS AND MEDALS.

METROPOLITAN ASYLUMS BOARD.

OCTOBER EXAMINATION.

The result of the examination held in October for nurses at the fever hospitals of the Metropolitan Asylums Board is now declared, and we are able to publish below the list of successful candidates.

Nurses from the following hospitals entered for the examination:—The Eastern, North Eastern, North Western, South Western, Grove, South Eastern, and Brook. In each instance the letter or letters after the candidate's name signifies the hospital to which she is attached.

The total number of candidates examined were 73, of whom 59 passed. Of these four Sisters entered, and all passed; eleven staff nurses, and ten passed; thirty-seven probationers, and twenty-four passed, twenty-one Assistant Nurses (Class I), and twelve passed. The maximum marks for Assistant Nurses were 400, for all other grades 600.

SISTERS.

M. Griffiths (E.), M. Barnard (B.), A. Gilbert (B.), R. Stockwell (B.).

STAFF NURSES.

M. Dugdale (E.), L. Bowles (N.W.), E. Robertson (S.W.), B. Swannborough (B.), W. Coward (S.W.), M. Smith (E.), M. E. Wagsaft (N.W.), E. Lobley (S.W.), L. Bonsey (S.W.), D. Gully (S.W.).

PROBATIONERS.

Gold Medal. A. Weston (B.) (418 marks); Silver Medal. A. Dykes (W.) (417 marks); A. Page (G.), J. Hall (W.), S. Sarra (W.), G. Sunderland (B.), E. Powell (W.), L. Masey (G.), P. Virgo (N.W.), A. Allum (W.), D. Goodman (E.), M. Grubb (B.), O. Caldecourt (E.), R. M. Young (B.), A. E. Young (B.), G. Chandler (N.W.), M. Price (E.), E. Macer (W.), E. Croft (S.E.), E. R. McCarter (N.E.), E. Hoffman (E.), E. Grace (N.W.), M. Dwyer (E.), E. Rawlins (S.W.).

ASSISTANT NURSES (CLASS II).

APPOMENTS.

MATRON.
Conway and Penmaenmawr Joint Hospital.—Miss H. W. Anderson has been appointed Matron. She was trained at the Royal Infirmary, Preston, and at Ruchill Fever Hospital, Glasgow; and has held the position of Sister at the Royal Infirmary, Blackburn; and at Baguley Sanatorium, Timperley, Cheshire; and of Sister at Ladywell Sanatorium, Salford. She has also had experience of private nursing.

SUPERINTENDENT.
St. Charles Hospital, Roanoke, Va., U.S.A.—Miss Elsie Macdonald has been appointed Superintendent. She was trained at East Pilton Fever Hospital, Leith, Scotland, and at the Royal Infirmary, Manchester, England.

SUPERINTENDENT SISTER.
Queen Mary’s Hospital for Children, Carshalton.—Miss F. J. Jones has been appointed Superintendent Sister (temporary). She was trained at the Preston Royal Infirmary, where she was Theatre and Night Sister, and besides other posts has held those of Deputy Matron, General Hospital, Bury St. Edmunds, and Housekeeping Pupil, Holiday Sister, and Assistant Matron at the Royal Victoria Infirmary, Newcastle-on-Tyne.

NIGHT SISTER.
Union Infirmary, Dudley.—Miss Jessie Edwards has been appointed Night Sister. She was trained at the Toxeth Infirmary, Liverpool, and the Military Families’ Hospital, Shorncliffe; and has held the position of Charge Nurse at the Brighton Infirmary; and Maternity Sister at the Birkenhead Infirmary. She has also had experience of private nursing.

SISTER.
Cottage Hospital, Ascot.—Miss Elizabeth Pidcock has been appointed Sister. She was trained at the Leeds General Infirmary, where she was Staff Nurse. She has also been Staff Nurse at St. Leonard’s Nursing Home, and on the private staff of the Thornham Nursing Home.

Southern Convalescent Hospital, Dartford, Kent.—Miss Annie D. Mackenzie has been appointed Sister. She was trained at the Victoria Infirmary, Glasgow.

Beckett Hospital, Barnsley.—Miss Rosalene A. Corp has been appointed Sister of the Children’s Ward. She was trained at the General Infirmary, Harrogate; and has held the position of Staff Nurse at the Royal Gwent Hospital, Newport, Monmouthshire; and of Sister at the Ealing Hospital, and the Central London Ophthalmic Hospital, London; and of Head Nurse at the Cumberland Hospital, British Columbia.

The Hospital, Rotherham.—Miss Blanche Hutton has been appointed Sister. She was trained at the Hospital, Rotherham; and has held the position of Staff Nurse at the Edinburgh Royal Hospital for Sick Children; and of Sister at the Free Eye Hospital, Southampton.

Union Infirmary, Wakefield.—Miss F. E. Baker has been appointed Maternity Sister. She was trained at the Shirley Warren Infirmary, Southampton, where she has been temporary Maternity Sister. She is a certified midwife.

SUPERINTENDENT NURSE.
Town Hospital, St. Peter Port, Guernsey.—Miss Laura West has been appointed Superintendent Nurse. She was trained at the Marylebone Infirmary, and the Leeds City Fever Hospitals, and has been nurse in the Nottingham Union Infirmary, and the South Eastern Fever Hospital, London. She is a certified midwife.

SCHOOL NURSE.
Bristol Education Committee.—Miss Alice M. Newton has been appointed School Nurse. She was trained at the Bristol Royal Hospital for Women and Children, and at St. Bartholomew’s Hospital, London, and has since been on the private staff of that Hospital. She also holds the C.M.B. certificate.

Salford Education Committee.—Miss M. M. Turner has been appointed School Nurse. She has a three years’ certificate of training and has had special experience in eye work and diseases of children at the Torquay Hospital. She has been in charge of the hospital attached to the Seamen’s Orphanage at Newsham Park, Liverpool.

QUEEN VICTORIA’S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Josephine M. Gill is appointed to Heanor (Senior); Miss Annie Aldridge, to Bromley; Miss Elizabeth R. Davies, to Cheltenham; Miss Adelaide J. Pringle, to Elth; Miss Elsie Yates, to West Riding, N.A.

TERRITORIAL FORCE NURSING SERVICE.

Miss S. A. Todd, Matron, resigns her appointment (Dated October 3rd, 1914).

PRESENTATION

The nursing and domestic staff at Stobhill Hospital, Glasgow, and some ex-Parish Councillors presented to the Matron, Miss M. Wright, on her leaving the hospital, a purse of sovereigns, and she also received a great number of individual gifts, testifying to the high esteem in which she is held. Miss Wright proposes to take the rest, which she has so well earned, before undertaking fresh work.

THE PASSING BELL.

"The Greatest Soldier of His Age."

The announcement that Earl Roberts is to be laid to rest in St. Paul’s Cathedral with other heroes whose lives have been devoted to the service of the Empire has given universal satisfaction. Of the many illustrious soldiers there enshrined none has won for himself a nobler record of military genius and valor, of single-minded devotion to duty, of chivalry and honour, of intrepid daring and lovable simplicity, of all the qualities which befit a Christian soldier.
NURSING ECHOES.

A letter from Miss L. L. Dock, Hon. Secretary of the International Council, shows how the devastating war in Europe is affecting nurses and nursing on the other side of the Atlantic. Times are hard, capital scarce, revenues short, and Congress has had to declare a war tax, just as if America were at war. Many American nurses now say that the trip to the International Congress of Nurses at San Francisco, to which they had been looking forward next May, will be too expensive for them. The whole world, Miss Dock says, is appealing to America for help, and the appeals are most piteous. Starving Belgians, destitute children and women of France, Armenia, all need help, and the Red Cross is filling the air with heart-rending appeals. One lady even wishes to mobilize 1,000 women to march to the scene of war and stand between the firing lines, like the Sabinos of old, and invites America to find the money—a demonstration which we fear would have little effect on the enemy, and would result in a holocaust of innocent victims.

An enthusiastic amateur—one of the "Ladies of Goodwill," we presume, of whose perfection and superiority to the trained nurse we hear so much nowadays—on hearing that some wounded were expected in the hospital where she was stationed, ran round with the warming pan so that the beds, newly made up, should be warm and comfortable. Nothing too good for the sick soldier, she thought: now trained nurses wouldn't think of little niceties of that sort. Unfortunately, in her enthusiasm she filled the warming pan with boiling water, and the condition of the beds when she had finished with them is better imagined than described.

The most successful Sale of Work in the annals of the Nurses' Missionary League was held on Saturday last at 52, Lower Sloane Street, S.W. It is a known fact that nurses are generous, and that they can rise to an emergency, and this was again proved. An extract from one letter shows the spirit in which the gifts were sent:—"I feel more help and encouragement are needed this year by the N.M.L., in its uniring efforts to help its members, so I have done a little extra to show its efforts are appreciated." Work was sent by members in many hospitals, and by district and private nurses; also home-made cakes, sweets, and jam, which had a ready sale.

Purchasers, too, were very kind. One friend who does not usually come made a special effort to do so this year, "in order that the good work should not suffer." £34 10s. 8d. has been made, and it is hoped to add considerably to that amount, as some very nice things are still left, and boxes of work are already being sent for sale in hospitals. Any nurse who thinks she could find customers for inexpensive useful or fancy articles should apply at once to Miss Richardson, 52, Lower Sloane Street, London, S.W.

At a recent meeting of the Leicester Trades Council a high tribute was paid to the doctors and nurses of the staff of the Royal Infirmary and the Military Hospital. Alderman Chaplin, a member of the Board of Governors of the Infirmary, said that there was nobody in the world working harder just now than doctors, and he could tell them that doctors at the Base Hospital had gone into wards and had not left for twenty-four hours. Two doctors he knew had left their own practices in order to lend assistance. Nurses were beginning to break down through the great strain.

Mr. Law moved "That the best thanks of the Council be given to doctors, nurses, and others for their unremitting care to the wounded." The resolution was carried unanimously.

The memorial raised to commemorate the late Duchess of Northumberland, which will take the form of the endowment of the Northumberland Nursing Association, is particularly appropriate, as Her Grace took a great interest in the Association which she founded and developed. The sum of £3,000 has been vested in trustees, and the interest will be applied to the purpose of training nurses through the Association.

The request of the nurses at Oldmill Poor House, Aberdeen, for additional time off duty, has been refused by the Aberdeen City Parish Council on the recommendation of the Poor House Committee, in spite of the powerful advocacy of some of the members. Miss Thirl said that the nurses worked 62 hours weekly, against the 52 hours of the average British workman. The nurses were asking only four additional hours of off-duty time in the week—not very much. These girls were not under any trade union, and were not protected by legislation, and because of that, apparently some of the Committee wished to keep the nurses' noses on the grindstone. Public opinion was in favour of the nurses, and
after the war it would be more than ever in favour of the nurses, because of the part the nurses were playing in it. She appealed to the Council to grant the request of the nurses.

Mr. Thomas Mitchell, who supported the reduction, said he did not know any class of workers in or about the city more justly entitled to consideration than nurses. No other class of workers would tolerate the hours put in by the nurses. He could not imagine why legislation had not stepped in already.

At a meeting of the Irish Nurses' Association on November 11th, at which Miss Despard presided, Dr. Stoney gave a most interesting lecture on "Fractures," illustrated by X-ray photographs. At the close of the lecture the chairman proposed a hearty vote of thanks to the lecturer which was cordially given. There was an excellent attendance.

The support which trained nurses may receive from a strong professional association is instanced in a case reported in Uima of the nursing staff of a hospital in Australia who complained of the conduct towards some of the members of the chief resident medical officer.

The Board of Management found this official guilty of grave indiscretion, and reprimanded him, intimating that a repetition of the conduct complained of would lead to instant dismissal. The Matron and nurses were dissatisfied with this decision, and informed the Board that they could not remain in the hospital if the doctor were reinstated, but offered to continue their duties for another month to enable the Board to fill their places, providing he were given leave of absence for that time. This the Board declined to do, and the Matron and forty-five nurses left the hospital the day the chief resident medical officer resumed duty, one Sister, one second-year nurse, and five probationers deciding to remain. The action of the Matron and her staff was upheld by the Australasian Trained Nurses' Association, who informed the Board that they would not recognize the hospital as a training school so long as the C.R.M.O. remained in charge.

The General Committee then held a meeting and condemned the action of the Board, some of the members of which said that they quite expected the doctor to resign after the severe reprimand administered. He has now been given leave of absence, together with the seven nurses above mentioned, pending further inquiry, and the Matron has been invited, and agreed, to call her staff together and resume duty.

A TERRIBLE TRAGEDY.

A terrible tragedy occurred last week at Bethlem Hospital, S.E., made public owing to the inquest held by the Southwark Coroner, with reference to the death of five patients, who succumbed to the effects of an overdose of amylene hydrate—a sedative drug, dispensed by a member of the medical staff.

The Medical Superintendent, Dr. J. G. Porter Phillips, said that, owing to the War, the staff had been seriously depleted, consequently the dispensing had to be done by a member of the medical staff, who made up a draught for eleven patients, including the five deceased. All were taken ill, two were not then out of danger, and four had completely recovered.

Dr. H. T. Jones, who acted as dispenser, said that when making up the draughts he found the bottle which usually contained dilute amylene hydrate empty, and he supplied the draughts from another bottle which he assumed contained a reserve stock, but, in fact, contained the concentrated drug.

The jury returned a verdict of death from misadventure, and recommended that, in future, such drugs should be kept in bottles, easily distinguished by touch or label.

It seems incredible that, even if the staff were depleted, a rich hospital like Bethlem should not have engaged a qualified dispenser.

THE "WELLCOME" PHOTOGRAPHIC EXPOSURE RECORD AND DIARY, 1915.

The "Wellcome" Photographic Exposure Record and Diary, to which so many amateur photographers look forward each year, owes much of its popularity to the fact that it gives not only the obvious information, as to exposure, development, &c., which every photographer needs, but also supplies answers to just those questions which are frequently asked by amateurs but frequently left unanswered in the ordinary text books.

It is an encyclopaedia of photography, condensing into one pocket-sized volume, clear directions for every process; information, general and particular, figures, tables, factors for all purposes and pages for exposure-record, diary and memoranda. Here all the wrinkles and dodges—"tricks of the trade"—which have been culled by experiments and long experience are analysed and set forth in simple formulae and precise directions. Fixed inside the back cover is the "Wellcome" Exposure Calculator, the ingenious device which, by one turn of one scale gives the correct exposure for any plate or film at any time of day or year. By its use the percentage of spoiled plates is immediately reduced; it enables the beginner to "hit the mark every time."

The "Wellcome" Exposure Record may be obtained from all photographic dealers and booksellers. Price in the British Isles, One Shilling. It would form a most welcome, as well as an inexpensive Christmas gift.
PROFESSIONAL REVIEW.

THE NATIONAL LEAGUE OF NURSING EDUCATION.

One of the volumes which we look forward with special pleasure each year, and which, by the kindness of our American colleagues never fails to arrive, is that containing an account of the proceedings of the National League of Nursing Education, formerly the American Society of Superintendents of Training School for Nurses. Between the brown covers of these annual volumes, at first slender, now increased in bulkiness, there is packed so much wisdom, so much professional appreciation and goodwill, evidence of so much friendship between the allied professions of medicine and nursing, so many high ideals that the book is always a delight, but one which can no means be reviewed with any degree of adequacy in the limits of one short column.

If we take the instance of professional appreciation, we find it in the concluding words of the President's Address of Miss Clara D. Noyes at the joint opening meeting with the American Nurses' Association and the National Organization of Public Health Nursing at the St. Louis Convention: "It is well for us at this time to give pause to recall the spirit of self-sacrifice and devotion which has always characterized that group of gallant women who have from the very first meeting until the present one, been the bone and sinew of our society. They have counted not the cost either in time or strength or money. They have brought to each succeeding meeting added experience and knowledge that we less experienced workers draw upon for inspiration and counsel. Let us then, without hesitation, bring our problems to these meetings, not solely for the purpose of securing help, but with the intention of giving such help.

In regard to the good feeling between medicine and nursing, listen to Dr. George Dock, Washington University, Medical School, St. Louis, Mo.: — "The nurse is no longer a mere maker of beds, administrator of medicine, and soother of pain, just as the doctor is no longer a maker of pills and potions. She has become the eyes and the hands of the doctor in dozens of details besides the elementary features of pulse counting, temperature taking, and medicine giving. The more learned and expert the doctor, the more can he and the patient profit from the accomplished nurse. The nurse cannot do her duty without also taking part in the essential features of the doctor's work—the prevention of disease, the conservation of health, not merely in the abstract, but in every patient cared for. But she cannot avoid going on to still other lines of work. From her training she becomes now a chef, a housekeeper, or manager of an asylum, sanatorium, or other great institution, a school nurse, a department store nurse, fresh air camp nurse, or excursion nurse, a health inspector, factory or sweat shop inspector, milk station manager or assistant, insurance nurse, specialist in anesthesiology, an X-ray or Finsen light operator, a social service expert, a charity fund organizer, the organizer of complex and extensive movements in times of war, floods and other calamities."

With all these problems in their special province what wonder that nurses seek the fullest training and experience available, or that in annual conferences they seek to solve some of their many problems.

Mrs. Chapman Catt, U.S.A., president of the International Woman Suffrage Alliance, announces that the suffrage had been granted to two more States—Montana and Nevada—and that there is a probability of its being granted in Nebraska.

NOT AS THE WORLD GIVETH.

It ye enter my service, if ye serve under me, Not as the world giveth: For I give unto thee, Ye minister only for what the world pays, Then as the world gives, it will give unto you. But its gold and its silver will never ring true; For ye'll find that its promise of pleasure and joy Will ever be dulled by the dross of alloy: The world pays for service in silver and gold— With me ye will often be hungry and cold. Will ye enter my service, march under my flag? Then will ye be weary and footsore, andlag ; But the soul will grow strong as the body grows weak, And the service of soul is the service I seek. What'ere the world giveth it also taketh: What comes from the world, in the world it remains; But that which I give is eternally thine, And the soul that serves me is eternally mine. Then not as the world gives give I unto thee. My peace I give unto those who serve me.

Adelaide Marie, Member San Francisco Nurses' Association, in the Pacific Coast Journal of Nursing.

COMING EVENTS.

November 19th.—Monthly Meeting of Central Midwives Board, Board Room, Caxton House, Westminster, S.W., 3.30 p.m.

November 25th.—Irish Nurses' Association: Lecture by Mr. Lindeburg, on "Remedial Exercises for S. Shaped Scoliosis." St. Stephen’s Green, 7.30 p.m.

December 3rd.—Annual Meeting National Council of Trained Nurses of Great Britain and Ireland, 431, Oxford Street, London, W., 4 p.m.

December 5th.—General Meeting League of St. Bartholomew's Hospital Nurses, Clinical Theatre, St. Bartholomew's Hospital, 3 p.m.

WORD FOR THE WEEK.

Lord Roberts.

The whole country, the whole Empire, mourn him, and join in the grief of those he has left behind him. Yet for them, as for us, it must be a chastened grief, for he has had length of days and a full life, and he leaves a memory that is almost perfect.—The Times.
LETTERS TO THE EDITOR.

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

DOCTORS TO BLAME.

To the Editor of The British Journal of Nursing.

Dear Editor,—The two following incidents I hope will add fuel to your wrath about unqualified nurses. A friend of mine told me that a large house she knows had been turned into a hospital for wounded, and the two daughters of the house were doing wonders, one aged fifteen, the other seventeen (!!). They were now able to get all the dressings, &c., ready for the surgeons, and to prepare the theatre, operating table, &c. !

Another friend said she had just been to see a hospital in charge of her niece, a Red Cross Commandant, who works the thing with her Red Cross subordinates. When I ventured to ask if the hospital, which is full, had any trained nurses at all she said "Yes, there is one Sister."

Will the doctors and the public never wake up?

Yours sincerely,
SorvY FOR THE WOUNDED.

COVERING THE UNQUALIFIED.

To the Editor of The British Journal of Nursing.

Dear Madam,—As The British Journal of Nursing appears to be the only paper in which the truth about the danger of unqualified nursing of our poor soldiers is published, may I ask a question several nurses are anxious about? Is it right, to say nothing of professional, for a trained nurse, single-handed, to take the responsibility of the nursing of sick soldiers, with only women of Voluntary Aid Detachments to help her? I have been sent from a nursing institution to nurse in a private Red Cross Hospital. I am the only trained nurse, and at night no one is on duty but a very inexperienced Red Cross Worker.

I feel strongly I am in a false and dangerous position, as all sorts of neglect goes on, which these untrained people do not realise. I am simply covering untrained practice and I object to it.

Yours truly,
A Private Nurse.

We have written several articles on this question, and feel strongly in sympathy with the views of our correspondent. The only position Voluntary Aid Workers can safely assume is that of probationer under trained supervision—and where there is sufficient supervision. To be on night duty alone is quite inexcusable, and we do not wonder the patients are quite unintentionally neglected. At one of these hospitals just before thirty wounded men were expected, a pupil filled the warming pan with boiling water, and in attempting to air, damped all the beds; another placed six thermometers on a radiator. The handling of injured limbs is most dangerous unless done by a skilled surgeon or nurse. A nurse writes us: "To see these girls remove the patients' clothing makes my blood run cold." But this system is bolstered up by patronage, the curse of our profession in this country, and the "truth about the wounded" is not to be told. Quite recently Miss Albinia Brodrick was in London a few days with information on this question she considered right to ventilate, she could not get the leading papers to print her statement—instead we had the "amazing" baths of Lord Knutsford.—Ed.]

THE SPIRIT OF WISDOM AND UNDERSTANDING.

To the Editor of The British Journal of Nursing.

Dear Madam,—I was glad to see that your reviewer last week drew attention to the need there is for nurses to cultivate the "spirit of wisdom and understanding." We have to deal with patients of such diversity of views, race, and religion that our sympathies should be as broad as the sea.

It was terrible to the nurse described in your review that the sick man should be carried out of his bed in a warm English hospital to die on the snow-covered ground. Yet so he found freedom. He was in the act of dying, and nothing mattered except that he should die as easily as possible and that he was enabled to do because some one saw him who understood that according to his Eastern creed he should die on Mother Earth.

A prejudice, no doubt, but we have prejudices in plenty also. No doubt the case is an extreme one, but it emphasises the lesson many nurses are slow to learn. I have met many who, when they go abroad, consider that all English customs are right and all others wrong, and try to run their wards in exactly the same way as in an English hospital. It is a great mistake even where their own countrymen are concerned. Take a malarial patient. He will be miserable, and it is very bad nursing, moreover, at certain stages of his illness if his bed is made in the orthodox English fashion. He must have a blanket both under and over him. And with natives we may permanently estrange their trust if we are so "set" in our own ways that we do not even try to understand the reason for theirs, many of which are good, and others quite harmless.

I am, dear Madam,
Yours faithfully,
Traveller.

REPLIES TO CORRESPONDENTS.

Nucleus.—Write to Miss E. Foley, Visiting Nurse Association, 830, Monroe Building, 104 South Michigan Avenue, Chicago. The cost is 1s. plus postage.

OUR PRIZE COMPETITION.

Questions.

November 28th.—How would you nurse a patient suffering from mental shock?

December 5th.—How would you prepare a normal salt solution for infusion in a private house?
CENTRAL MIDLIVES BOARD.

OCTOBER EXAMINATION.

At the examination of the Central Midwives Board held in London and the provinces on October 20th, 1914, 588 candidates were examined and 499 passed the examiners. The percentage of failures was 15.1.

LIST OF SUCCESSFUL CANDIDATES.

London.


Greenwich Union Infirmary.—E. F. Petrichick.


Kensington Union Infirmary.—E. C. Wilson.


Middlesex Hospital.—M. A. Abraham, G. M. Berry, C. E. Le Brocq, W. M. Smith.


St. Pancras South Infirmary.—J. Williams.

University College Hospital.—E. C. Francis, N. Little, F. H. Skinner.

Wandsworth Union Workhouse.—I. K. Sayer.

West Ham Workhouse.—I. Macdonald.

Woolwich Home for Mothers and Babies.—M. J. MacGregor, L. R. E. May, F. M. Wallington.

Provincial.

Aldershot, Louise Margaret Hospital.—H. F. P. Davies, H. J. Gowland, A. Jenkins, A. McLean.

Aston Union Workhouse.—C. FitzSimons, H. Green, E. J. Morris, S. G. Turner.

Birkenshead Maternity Hospital.—E. Bradshaw.

Little, A. J. Knight, A. G. Pudge, E. S. Tristram, M. I. Tuft, M. A. Wright.


Birmingham, Silly Union Infirmary.—A. Allen, M. Irving, D. M. McLauchlan.

Bradford Union Hospital.—A. E. Mills.

Brentford Union Infirmary.—E. L. Westbrook.


Burton-on-Trent Union Infirmary.—A. Phillips.

Chatham Military Families' Hospital.—W. A. Chapman.


Chester Benevolent Institution.—G. C. Evans.


Devon and Cornwall Training School.—M. M. Hammett, Mabel Leggo, Mary Leggo, B. M. T. Litten, V. K. Pears, A. A. Penhatton, O. Webb.

Devonport Military Families' Hospital.—L. Smith.

Devonport Union Workhouse.—A. Carr.

Essex County Cottage Nursing Association.—M. Sharp.
Gloucester District Nursing Association.—A. M. Boydell, A. E. Elliott, C. L. Norman, L. Stevens.
Huddersfield, Croxden Moor Workhouse.—A. E. Buffham, M. S. Gray.
Leeds Union Infirmary.—A. Mahoney.
Leicester Maternity Hospital.—C. Black, G. E. Brearley, M. Coursi, L. M. Scott.
Leicester, North Evington Infirmary.—F. M. Holland.
Liverpool Workhouse Hospital.—A. M. Brindle, E. Hughes, A. Jerrett, A. Moore.
Manchester, Township of South Manchester Hospitals.—H. M. Alexander, E. Hatton, F. Thomas.
Manchester Workhouse Infirmary.—E. M. G. Sizer.
Newcastle-on-Tyne Maternity Hospital.—E. de L. Lambton, H. Scott, N. W. Tredearick.
Newcastle-on-Tyne Union Infirmary.—M. Wells.
North Bierley Union Infirmary.—M. Green.
Norwich Maternity Institution.—E. D. Barham.
Oldham Union Infirmary.—A. Buckley, G. O. Hartley.
Portsmouth Military Families’ Hospital.
Portsmouth Workhouse Infirmary.—F. C. Lyons.
Sheffield, Jessop Hospital.—M. Armstrong, N. Hinch.
Sheffield Union Hospital.—E. F. Culverhouse.
Shorncliffe, Helena Hospital.—F. M. Weatheritt.
Staffordshire Training Home for Nurses.—A. Bolton, L. L. Gopsill, J. E. Hughes.
Sunderland Union Workhouse.—M. A. Martin.
Wakefield Union Infirmary.—H. M. Young.
Walton, West Derby Union Infirmary.—C. Beattie, C. Casey, M. McCombe, A. J. Sharp.
Wolverhampton District Nurses’ Home.—D. M. Jones, J. Lovatt, B. Robson, E. E. Steward.
Wolverhampton Union Infirmary.—E. Hand, J. E. Morris.

York Maternity Hospital.—H. Harwood.

WALES.
Cardiff Union Hospital.—C. Richards.
Monmouth Training Centre.—R. Jones, A. J. Rees, E. Thomas.
Monmouth Training Centre and Newport (Mon.) Union Infirmary.—A. M. Hodges.

SCOTLAND.
Aberdeen Maternity Hospital.—I. C. Cameron.
Edinburgh Royal Maternity Hospital.—E. S. Boykett, G. H. Brownlie, H. Pattison, M. K. Pike, G. M. Rattray.
Glasgow Eastern District Hospital.—I. S. Kellock, S. B. Macnair.
Glasgow Western District Hospital.—W. Farmer, M. Gibson.
Glasgow, Stobhill Hospital.—E. Whyte.

IRELAND.
Curragh Camp Military Families’ Hospital.—F. M. Pitchard.
Dublin, Coombe Hospital.—A. Barlett.
Dublin, Rotunda Hospital.—M. M. Biggs, M. Makin, K. Moss, E. O’Neill.

Private Tuition.
Private Tuition and Insitutions.
Birmingham Maternity Home: E. M. Riley.
Crasland Moor Workhouse: Huddersfield: E. Mowbray.
General Lying-in Hospital: G. Vickers, M. A. Young.
Hull Workhouse: A. Kendall.
Kingswood Nurses' Home: K. A. Borthwick, E. S. Hurt.
Preston Union Workhouse: E. Ratcliffe.
Rockdale Union Infirmary: A. Cunniff, A. Rimmer.
St. Mary's Hospitals, Manchester: D. W. Billington, C. Horton.
University College Hospital: M. Hurley.

Penal Board.

A Meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, on Thursday, November 12th, Sir Francis Champneys presiding, to consider the charges against sixteen certified midwives, with the following results:—

Struck off the Roll and Certificate cancelled.—Alice Bamber (No. 2360), C.M.I.B. Examination). Alice Rachel Boast (No. 19741), Eliza Edwards (No. 20151), Eliza Lancaster No. 20227), Esther Page (No. 10942), Susannah Smith (No. 3410), Frances Tooley (No. 18944), Mary Walker (No. 5215).

Severely Censured, and a Report asked for by the Local Supervising Authorities in three and six months' time.—Anne Lakin (No. 16330), Mary Ann Smith (No. 11576).

Cautioned.—Sarah Edge (No. 6801, L.O.S. certificate).

Action Postponed.—Alice J. Beatty (No. 6248, L.O.S. certificate).

The consideration of one case was postponed owing to the serious illness of the midwife.

The defended cases were first taken, three being from the county of Kent; the first being Mrs. Esther Page who was present. Mrs. Page was charged with not explaining to the husband or nearest relative that the case was one in which the attendance of a registered medical practitioner was required, of neglecting to notify the Local Supervising Authority when medical help had been sought, of having been in contact with a case of putreptifer fever, and continuing in attendance upon the other patients without having undergone any disinfection to the satisfaction of the Local Supervising Authority. Miss Harrison, the County Inspector was present. Mrs. Page, who said she could not afford to be legally represented, claimed that she did give the husband the necessary form, and that the doctor called in did not tell her the case was one of putreptifer fever.

Miss Harrison read to the Board the record of the midwife's work, as the result of her inspections, covering a considerable period of time. There was no other midwife practising in the district and that was why the L.S.A. had been lenient.

In pronouncing sentence the chairman said this constituted one of the worst cases he had heard of. She should have been brought up before the Board long ago. A woman who was a danger should not be allowed to practise even if she were the only midwife in the district.

The next case was that of Eliza Edwards (age 72). She was defended by her daughter, Miss Eva Edwards, and also by a married daughter. She was charged with various offences against the rules including not taking and recording the pulse and temperature.

In her defence it was urged that she attended one case concerning which she was charged, out of charity, for no fee, and a declaration was put in by a patient to say Mrs. Edwards had omitted to take her temperature for two days because her thermometer was broken, but she took it before, and afterwards as soon as the thermometer was replaced. In regard to the keeping of records her daughter stated that she was "gifted with her work but not with bookkeeping."

After hearing the inspector's report the chairman said that this case also was one which should have been brought to the notice of the Board sooner.

Mrs. Boast, also a Kent midwife, aged seventy-five, wrote that she wished to come off the Roll, as "I am tired of the way I am treated by Miss Harrison; I can't stand the correction she gives me."

The next case heard was that of Miss Alice J. Beatty, against whom it was alleged: "That you persistently neglect and refuse to give reasonable facilities for the inspection by the Local Supervising Authority of your Register of Cases, bag of appliances, and place of residence, and an investigation of your mode of practice, as required by Rule E 24."

Miss Beatty, who conducted her own case, was accompanied by her solicitor. In opening the case Miss Beatty took exception to the constitution of the Board which was to hear it. Asked by the Chairman to whom she objected, she said she objected to Miss Rosalind Paget; she was always prejudiced against her, and was a member of the Midwives Institute, which was antagonistic to her. Asked if there was any one else, she said she objected to all midwives as a rule, but she supposed she would have to put up with that. The Chairman said that the Board was constituted by Act of Parliament. She also took exception to the notice given.
her, which the Chairman ruled was good, and to the charges, which he said they had no power to amend.

Mr. Bertram, solicitor to the Board, then read the charge, and questioned Dr. Macrory, Inspector of Midwives under the L.C.C., whether notice of intention to practise was given by Miss A. J. Beatty, and whether she had ever seen Miss Beatty at her house or elsewhere. Dr. Macrory said she saw Miss Beatty on January 20th, 1912, when she called at her house. Miss Beatty opened the door about a foot, and she told her that the L.C.C. wished her to inspect her, and see her appliances. Miss Beatty replied that she had told the L.C.C. from the beginning that she would not be inspected, and further that midwives should be inspected by midwives, not by medical women.

Two other attempts at inspection in 1911 had no result, though appointments were previously made by letter, one being registered, for which Miss Beatty's signed receipt was produced.

Mr. Bertram submitted that this amounted to refusal to give the inspector reasonable facilities.

Miss Beatty questioned Dr. Macrory as to a document which she had before her, and the doctor said she wrote it on January 20th, 1912, in the street. "Not in the grocer's shop where you went to make enquiries?" asked Miss Beatty.

Dr. Macrory said that she asked on one occasion at the grocer's shop whether they believed Miss Beatty took cases, and they said they believed she did. Miss Beatty enquired: "Did you ask them what kind of case?" and further whether the doctor was a personal friend of Miss Rosalind Tagers, and she replied that she lectured at the Midwives' Institute. Asked how she got hold of the letter mentioned in the affidavit, she said that the letter came from the Midwives' Institute. Mr. Bertram said the letter was not before the Board, and the Chairman told Miss Beatty that all she had to meet was the charge formulated. Questioned further as to her power to inspect Miss Beatty's place of residence, Dr. Macrory considered that she had the power, otherwise she could not see her bag of appliances, &c. Miss Beatty retorted that she could see them in the street, and Dr. Macrory replied that it was the first time it had ever been suggested to her; most midwives would not like it.

Miss Beatty enquired whether she employed a detective. Also whether a gentleman then sitting behind her was a detective, and whether she instructed a detective to come after her? Mr. Bertram interposed that the gentleman referred to was an official of the L.C.C. and the question was not fair. As however, the fact was not denied, and the solicitor for the prosecution intervened to prevent the witness replying, the assumption is that he was.

Miss Beatty enquired whether Dr. Macrory had had any conversation with another detective.

Dr. Macrory replied that a detective had reported to her that he could not learn that she took any cases.

In the course of further questioning Miss Beatty said that she put it to the Inspector that her visit of inspection was the result of a letter she received from the Midwives' Institute.

Miss Beatty then asked Mr. Duncan, Secretary to the Board, whether he remembered her calling with her certificate at the time of registering, and the reason she gave for refusing inspection. Mr. Duncan replied that he remembered several visits from her, but not that one in particular.

Miss Beatty asserted that the action taken by the Board against her was not taken in the public interest, but really at the instigation of those who had endeavoured to ruin her.

Some of those present knew the late Charles Cullingworth. She had said that she would never practise under the Midwives Bill, which was really his Bill. She asserted that she had been asked by emissaries from the Midwives' Club whether she would take midwifery cases, as a snare, to see if she would. But she had never worked under the Act, and never touched a woman since it came into force. She had never yet been asked whether she practised. She gave notice of intention to practise each year, as a measure of protection in the event of a situation arising necessitating her taking a case; but she reaffirmed that, though it had cost her £50 to qualify as a midwife, she had never taken one midwifery case since the passing of the Act.

After deliberating, the Chairman said that the Board considered the charges proved, but postponed sentence until after the next Penal Board, and asked for a report from the Local Supervising Authority, in three months' time, as to her refusal of inspection.

The Chairman informed Miss Beatty that she was in rather an anomalous position. She had given notice of her intention to practise, and thereby rendered herself liable to inspection. The Board would do nothing until the next meeting of the Penal Board in February. Supposing she did not give notice of her intention to practise in January then no action would be taken.

Miss Beatty asked, supposing that she did not give notice, and she took a case, what would be her position? Mr. Duncan said that she would have to notify that she had done so within twenty-four hours.

In connection with a case in the county of Durham, the evidence of a Health Visitor was put in that the baby's eyes, which were inflamed and discharging, were being washed with breast milk, and that she advised that they should be bathed with boracic, and that if they did not improve that a doctor should be sent for. The Board passed a Resolution directing the attention of the Durham County Council to the action of the Health Visitor.
EDITORIAL.

THE NAVY AND ARMY NURSING SERVICES.

The world moves very slowly on towards perfection, sometimes one is tempted to wonder whether the wave of progress advances or recedes, so now that we are in the midst of the greatest, the most sanguinary war ever known, it is well to consider what are the agents available for the relief of suffering which can be brought to bear for the benefit of those struck down by the forces of destruction.

And when we sum up those agents we at once realize that in regard to the care of the sick and wounded we have made immense advances in the last half century. When Florence Nightingale left these shores on her mission of mercy to our soldiers in the Crimea, she went as an individual who gathered round her such other individuals as seemed most suited for her purpose—there was no Navy or Military Nursing Service on which she could draw for trained nurses, experienced in time of peace in nursing the men of the Sister Services, and of necessity therefore there were no reserves from which these services could be augmented.

To-day we have the Head Sisters, Superintending Sisters, and Nursing Sisters of Queen Alexandra’s Royal Naval Nursing Service at work in the Naval Hospitals, and hospital ships, and supplementing them the Reserve Nursing Sisters and the trained men of the Sick Berth Staff.

For the Army there are available in hospitals at home and abroad the services of hundreds of Matrons, Sisters and Nurses, working under the supervision of a Matron-in-Chief at the War Office, who have received a thorough training in large civil hospitals, and after a further period of special training and probation in military hospitals have received permanent appointments in the Military Nursing Service.

Supplementary to the regular Service there is the Army Nursing Service Reserve, and the male Nursing Orderlies, who, after systematic training and supervision for three years in military hospitals, are certificated as proficient.

Then there is the newest branch in Military Nursing, the Territorial Force Nursing Service. When the appeal was made to the patriotism of nurses to enrol themselves in a Service which could be mobilized, if the need ever arose, for the nursing care of soldiers engaged in home defence, the response was as immediate as it was spontaneous.

A full staff of 120 thoroughly trained nurses of the different grades required was speedily enrolled for each of the 23 hospitals established, and how wise was the provision then made has been demonstrated by the fact that every one of those hospitals has been mobilized, and is now working at its fullest capacity, not primarily for those engaged in home defence, though they also are served, but for the sick and wounded, both British and Belgian, as well as German prisoners, transported to these shores by hospital trains, linked up with hospital ships, so that as quickly as may be they receive the best medical and nursing care available. No doubt within a short time hospital airships will also be pressed into the service of the sick. We have therefore to acknowledge that the progress made in the last five and twenty years has been immense. Associated Services are those organized through the Central British Red Cross Society, and the St. John Ambulance Association, and we may hope that the outcome of the experience of the present war will be the enrolment of a permanent staff of fully trained nurses, under professional control who can be called up for service as, and when required.
INJURIES OF THE EAR IN WAR.

By Macleod Yearsley, F.R.C.S.,
Senior Surgeon to the Royal Ear Hospital, &c.

The effect of modern machines of war upon the ear and its function will be not the least interesting and instructive of the additions to our knowledge resulting from the present struggle. As Wells prophesied, in his "War in the Air," war has become "a matter of apparatus, of special training and skill of the most intricate kind," although, apparently, grit and pluck still tell, especially when of the British variety. But the old din of battle is as different from the shattering noise of modern warfare as the clatter of the nélée of armoured knights must have been from the roar of the guns at Waterloo, a sound which carried as far as Deal and Dover. One may venture to prophesy that many of the most serious aural troubles to be met with will be the outcome of this new and augmented din.

The injuries from which the ear may suffer in war may be divided into two groups—those which are due to the actual impact of weapons, such as sword and bullet wounds and blows from rifle butts, and those which are the effect of explosions, especially of such high explosives as are employed at the present day. The former will, probably, not differ markedly from similar wounds in earlier campaigns, but the latter are likely to be more serious and destructive.

Wounds of the auricle from sword cuts may vary in severity up to complete severance. Their importance naturally depends on the severity of the wound and on the extent of the injury, but such lesions usually heal well and rapidly. The same may be said of the wounds made by high velocity projectiles passing through the auricle, which are slit-like and quick to repair. The course of incised wounds of the cartilage of the pinna, such as those which may occur in hand-to-hand fighting, should be favourable, even when the pinna is cut through to a large extent.

Gunshot wounds of the temporal bone may involve the middle ear either directly or indirectly by extension of a fracture through the petrous part of that bone. A bullet may strike and be imbedded in the middle ear or mastoid, and may completely destroy both tympanum and labyrinth. Putting aside the presence of complications, which are likely to occur, the possibility of recovery is not excluded, even in cases which run their course with serious clinical symptoms. Thus, a case will be found recorded in Politzer's "Textbook of Diseases of the Ear," in which a gunshot wound of the labyrinth, accompanied by a discharge of serous fluid, recovered five weeks after the removal of the projectile. Rare examples of injuries of the sound-conducting apparatus of the ear are also quoted by Politzer as follows:

1. Gunshot wound of Eustachian tube, in which the bullet entered beneath the zygomatic arch, passed through the left upper jawbone, and became wedged in the tube.

2. Gunshot wound of the petrous portion of the temporal bone, in which, after chiselling away the posterior wall of the meatus, the projectile was found lying immediately against the sigmoid sinus, and removed.

3. Gunshot wound in which the bullet penetrated the parotid gland, the meatus and the mastoid process, and reappeared at the posterior portion of the latter, resulting in structure of the meatus, fistula of the parotid gland discharging its contents into the meatus, and facial paralysis.

4. Gunshot wound in which the sialogram showed the bullet to be lying in the neighbour- hood of the carotid canal.

No cases have yet been published of sword or bullet wounds of the ear occurring during the present war, but it is more than probable that those which occur will afford an interesting series of injuries.

Blows upon the head or ear will in the majority of cases result in a rupture of the tympanic membrane. I have already seen one such case in a soldier who received a blow, probably from the butt of a rifle, during a charge. He was unconscious for twenty-six hours, and, on recovering his senses, was quite deaf in the right ear. The drum membrane on that side showed the scar of a recently healed rupture. His deafness, together with a whistling tinnitus, was rapidly recovering.

Ruptures of the tympanic membrane may occur in this way, either by blows on the ear itself, or on the skull near the ear, or by the extension of a fracture through the temporal bone, whereby the membrane is torn at its circumference. Provided that such injuries are not interfered with by meddlesome treatment, they heal rapidly. The question of damage to the hearing is almost entirely one of concomitant damage to the internal ear. A rupture of the drum, per se, does not result in impairment of hearing of a more than temporary nature, function being restored with successful healing. If, however, the injury is accompanied by concussion of the labyrinth, deafness may be severe and permanent. Also, when a rupture occurs in connection with a fracture of the base of the skull, permanent deafness may ensue from the fact of the fissional passing through the cochlea.
Kuphosis of the drum membrane may result apart from the impact of a blow on the head. Colonel Louis Legarde, in his work on "Gunshot Injuries," published this year, remarks: "Kuphosis of the membra tympani is often noted as a result of reverberations from firing of cannon and the explosion of shells. Rapid displacement of air in the vicinity of detonating ammunition is offered as an additional cause." Such conditions are accentuated in the case of modern high explosives, especially when the explosions occur in confined spaces, such as forts, barbettes, and the like. I have very recently seen an instance of the terrible effects of high explosives in a confined space in the case of a soldier lying wounded in the foot in the ward of a hospital that was shelled. It is a striking illustration of the results of German refined "kultur." Exploding shells killed the men in the beds on either side of him, and left him stunned and bleeding from both ears. He sustained ruptures of both drums. One healed without trouble, the other suppurated, but from the time of the shell explosions he has been completely deaf, and has not even the sense of sound left to him. He is condemned to perpetual silence for the rest of his life.

In such cases the concussion disorganises with more or less completeness the delicate specialised nerve endings of the auditory nerve, and it is to be expected that such cases will be numerous in the present war.

Another class of case which will probably occur fairly frequently is that known as "gun deafness." This, which is well known amongst musketry instructors who pass many hours on the range, is akin to the so-called "boiler-makers' deafness," and consists in a gradual degeneration of the auditory nerve endings under the continuous influence of repeated concussions. Plugging the ears with a mixture of fibre and wax, and the chewing of a piece of rubber between the teeth, will tend to diminish its occurrence.

THE TREATMENT OF WOUNDS IN WAR.

Last week the British Medical Journal published the Remarks of Sir W. Watson Cheyne on the Treatment of Wounds in War in opening a Discussion at the Medical Society of London, on the 10th inst. The remarks of the President of the Royal College of Surgeons on "The Risks of Asepsis" should be read and digested by nurses.

The Risks of "Asepsis"

"To exemplify the carelessness which is not uncommon in the treatment of wounds, I could entertain you for the rest of this meeting in telling you the quaint things which are done by those engaged in operations, and the constant opportunities which are afforded for the entrance of bacteria during an operation, and the crude ideas which are abroad as to 'asepsis' and 'sterilization.' "I saw an operation the other day; everything had been sterilized, a dry sterilized towel was spread out on a table, the boiled instruments were turned out on this towel, and were then arranged by a nurse, who did not wear a mask. Something excited her attention, two other nurses came up, also unmasked, and the three became agitated, all bending over the instruments and talking at the same time; people were coming and going, and at least twenty minutes elapsed between the time that the instruments were turned out and the commencement of the operation. Were they still aseptic? and yet the surgeon comes in completely botted and spurred, innocently picks up a knife, and goes on with the operation. Is it any wonder that that surgeon has a good deal to say about catgut, silk, and so-called stitch abscesses?

"I am always very suspicious of so-called sterilised towels and swabs, especially in work in private. They are often placed in a sort of potato steamer for a few minutes, an apparatus which will take hours to cook a potato, and therefore if I do not know the nurse, I always order the towels to be boiled in a pan for half an hour, and not touched before it arrive. Well, in one case nurses were sent out from a large aseptic hospital who were said to be fully trained and most excellent. They received my instructions about the towels, and on my arrival I found a very small, poky room with very few dishes in it (not the palatial apartments in which some of my more fortunate confrères are accustomed to operate). I looked about for my towels, but could see no trace of them. I therefore called the nurse and asked her for them. She lifted the lid of the commode, and there were my aseptic towels, reposing at the bottom of the nightstool—another source of coli infection of wounds which is worth remembering.

"A fresh instrument is wanted during an operation, or an instrument falls on the floor. It is popped into some boiling water and presented to the surgeon 'sterilized' within a minute! and so on.

"A surgeon is doing an intestinal anastomosis, clips away mucus membrane, rinses his scissors in some salt solution, leaving the tags of mucus membrane and portions of feces in the basin, and when his hands become sticky, rinses them in the basin repeatedly.
during the course of the operation. When an abscess containing Bacillus coli forms, he is much interested, and refers to the remarkable habit that coli bacilli have of wandering through the coats of the intestine in cases of intestinal anastomosis, separation of adhesions, &c. This pernicious habit of the Bacillus coli seems to be particularly common in operations in the pelvis. It never seems to occur to the surgeon that he has introduced the sepsis during his operation, and that migration of bacteria, if it occurs at all, only takes place through the inflamed wall of the intestine.

he says: 'Carbolic lotion! Who on earth uses antiseptics nowadays? I thought that no one out of an asylum ever thought of them. Take it away and bring me a bowl of boiled water.' He does not disinfect his hands, but trusts to the protection of boiled gloves, which, however, are soiled at the very beginning by being put on with unsterilized hands. He thinks that he is no end of a great man, and the unfortunate thing is that the nurses and students think so too and follow his fatal example. I wonder whether, if such a man had a son at the Front at the present time, he would feel happy in the

**I think the man who annoys me most is the boiled water man!**

**Some surgeons seem to take a particular pride in emphasizing their contempt for antiseptics and the extreme simplicity of their methods. A surgeon comes to an operation and finds a dish containing some fluid. He asks what that is, and the nurse, who has been carefully trained in real aseptic work, says, in fear and trembling, 'That is carbolic lotion for your instruments.' It is most instructive to see the look of contempt on the surgeon's face as thought that the only thing that the surgeon had at hand for the treatment of wounds in war was a basin of boiled water! The futility and littleness of it all makes me sick.

**The result of the slackness is that a good many men are being sent out from the schools every year who are not impressed with the bacteriological problem involved in the treatment of wounds, or who have come to believe that no such problem is involved, while they have become thoroughly impregnated with the idea that the use of antiseptics is an abomina-
tion, and that no surgeon who has any self-respect left, or who is not in his dotage, would ever think of using them. When they are confronted with soiled wounds, such as occur on the field of battle, they do not know what to do or how to proceed, beyond painting the skin with iodine and covering the wound with a piece of gauze. The consequence is that the bacteria get a firm hold on the tissues before any means which might have been efficient in the first instance can be adopted. Hence the results which Lister obtained with compound fractures at the very beginning of his work fifty years ago, and which he continued to obtain subsequently, are not being met with in the present war.

"The answer, then, to the question, Why do practically all wounds in the present war become septic? is threefold: (1) Because there is often long and unavoidable delay in collecting the wounded and commencing treatment; (2) because the wounds may be very large and complicated, and almost impossible to disinfect thoroughly; and (3) because in a good many cases no attempt is made to disinfect these wounds, or, if it is made, it is utterly inefficient."

Sir W. Watson Cheyne gives advice on the Disinfection of Wounds and their treatment in the present War, on the choice of a disinfectant, their misuse, on dressings, drainage, irrigation, and the removal of missiles. Of dressings, he says:

**Dressings.**

"As regards dressings in these cases, of course aseptic dressings are not only useless, but injurious. The septic discharge soaks into them and decomposes them, and the dressing simply becomes a septic poultice which poisons the wound. Antiseptic dressings are rather better, and in small wounds do well enough, the dressings I use being cyanide gauze next the wound, with salicylic wool outside. But in large wounds the pus does not take up enough antiseptic to stop the decomposition entirely, and I am not at all satisfied with large masses of dressing over a wound. To pile dressings on septic wounds, whether these dressings do or do not contain antiseptic substances, is only to revert to the old methods of two or three centuries ago, which have been long since and quite rightly discarded.

"I believe that in these bad septic cases the less dressing you apply the better, and my experience is that as regards dressings, it is best only to lay a few layers of antiseptic gauze over the wound to prevent it being soiled by the clothing or blankets, and to apply boric fomentations and change them frequently."

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**OUR PRIZE COMPETITION.**

**HOW WOULD YOU NURSE A PATIENT SUFFERING FROM MENTAL SHOCK?**

We have pleasure in awarding the prize this week to Miss Dora Vine, Eversley, Exmouth.

**PRIZE PAPER.**

My first duty in nursing a patient who is suffering from mental shock, is to remember that all my treatment and care must be threefold, because such a patient is suffering from injury to body, soul, and spirit. Briefly, a nurse's work in such cases is to try to help the threefold nature of the patient to regain its equilibrium. Putting out of consideration the special treatment the doctor will of course order for each individual case, the nursing care will be something as follows:

(1) **Body.**—The patient is physically ill, and is suffering from what one may term a sudden jarring of the vital machinery. Just as in other machinery, it would be necessary to have complete rest, so that the parts should be put right, so here the body must have rest. In these cases rest must be a relative term; some people cannot endure lying down in a darkened room, when some mental shock has unnerved them, and yet this is precisely what other patients may need. I should therefore use my judgment, and try to obtain the desired object in the quietest way. If there is no physical wound or actual surgical injury, I should (unless the doctor gave orders to the contrary) allow the patient to move about if movement seemed to give relief, and I should try to soothe minor pains, or headache, carefully, however, avoiding fussing.

All treatment directed to the relief of bodily conditions must be given quietly and gently. I should avoid everything that would enlarge the impression that things have gone wrong. It is such a great thing in nerve cases to create a normal atmosphere. By talking in one's ordinary voice, and doing the obvious everyday duties, many patients can be greatly helped by the nurse, while fussiness defeats its own object.

(2) **The mind.**—This of course is the chief object of one's care, and I should try to suit my actions to my patient's temperament. The mind must rest—how, must depend on many things—the patient—the nurse—and. If the patient has had a great mental shock of a distressing nature, and can speak of it, do not forbid this. If what one dreads and fears is carried out into the open, one loses one's fear, and so here I should let the painful topic be frankly mentioned (otherwise the patient will certainly brood in secret!), and then I should
try to get the conversation into other channels. When such patients cannot cry, and cannot speak of their trouble, and seem simply numbed, it is indeed difficult to give the mind rest, and real sympathy and that psychic instinct that is so invaluable in mental nurses will alone give one the cue. Sometimes the thought of others—friends or relatives affected by the same news or trouble, will help a patient to regain a normal outlook. But in all cases I should try to get my patient's confidence, and make sure that I knew the whole state of the case. I should want my patient to feel I was at hand as a helper in case of need, never in the way, never out of it. I should watch for any mental symptoms, and report to the doctor all personal details, such as appetite, amount of sleep, action of bodily organs, &c. I should encourage any occupation likely to help the brain regain its normal state, giving light diet, and plenty of fresh air, as accessory treatment.

(3) Spirit.—This third factor is one which does not receive as much attention from nurses as it deserves. I feel most strongly that mind and spirit are so closely allied (in fact, so much so that many make no distinction, and talk of body and soul only), that we cannot distinguish in our treatment and care for the mind while leaving the spirit uninfluenced.

It is just because many mental nurses forget this, that their results sometimes are not what they would wish. They treat the mental symptoms, forgetting that the spirit will be affected too—and if there is no treatment directly given to the spirit, then it will suffer from neglect, and in this connection we must remember that what does not make for good, in these cases increases the trouble. Therefore I commend the subject of help for spirit—as well as body and mind—to nurses in charge of patients suffering from mental shock. "The nursing can be summed up so:—Treat body, soul, spirit, be normal—help, don't fuss.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Miss M. Adams, Miss P. M. Harrison, Miss J. Robinson, Miss Maclnaohan. Miss Gilchrist writes:—"The first duty is to restore the circulation to normal conditions, which owing to the shock has altered and failed. Stimulation may be obtained by diffusible drinks, such as tea and coffee, which, if given strong, is a good stimulant."

QUESTION FOR NEXT WEEK.

How would you prepare a normal salt solution for infusion in a private house?

REGISTRATION AND THE WAR.

Nothing has shown more clearly than the present war the defencelessness of the sick, owing to the lack of nursing standards; and the defencelessness of the nursing profession to encroachment, from all sides—owing to their regrettable lack of organization.

In the first place, it has been possible to ignore the professional position of the Matrons. Of all the hospitals—outside those connected with the Expeditionary Force—we know of no Matron of an important hospital who has had the compliment paid her of being asked to act as Lady Superintendent in a military hospital abroad. Instead, a weekly illustrated paper seldom appears which does not contain the portrait, in full nursing uniform, of some lady of wealth and position, who is described as Superintendent of a hospital, at home or abroad, for sick and wounded sailors or soldiers.

Those Matrons who have persistently opposed the organization of their profession, and have supposed that its interests were limited to those of the institutions over whose nursing schools they preside, have met their Nemesis in the contemptuous way it has been possible to ignore their professional knowledge and skilled services, and thus to prevent efficient aid being rendered to the sick.

A correspondent of the Irish Citizen writes, in this connection:—"The soldiers die of tetanus, and rot of gangrene, while unskilled duchesses and influential ladies, athirst for a new sensation, usurp the functions of the skilled worker, and are photographed in halfpenny papers bending tenderly over their victims, with jewels ablaze at their breast and favourite greyhounds by their side. . . .

"Cholera, smallpox, fever epidemics will cheerfully be left to the trained to cope with, but these society ghouls fasten themselves on the wounded soldier or officer, not realizing that the proper treatment of wounds demands exceptionally high training."

Another most serious side of the question is the economic one. When at the beginning of the war encroachment on the work of dressmakers and sempstresses was seriously threatened, the leaders of organized labour protested effectively, so that the influence of the Queen herself was invoked, and the evil stopped. But on all sides the work of skilled nurses is shamelessly annexed by unskilled persons, and, until a Nurses' Registration Bill is passed, the evil will not only continue, but increase. Evidence is not wanting that the public are not indifferent to the situation.
THE ROYAL HOSPITAL, HASLAR.

The Royal Hospital, Haslar, must always have an exceptional interest for trained nurses, for it was there that the experiment of introducing a staff of Naval Nursing Sisters to care for our sick and wounded sailors was first tried, and I well remember visiting Haslar a quarter of a century ago when the experiment was still in its infancy, and the thrill of pride I felt in the efficiency of my profession when I was told that since the introduction of the Sisters the death-rate had gone down 50 per cent.

Now in the principal Naval Hospitals the Sisters are firmly established, and the dark blue uniform, with the little blue cape piped with red, part of the accepted order.

On Saturday last, by permission of the Director-General, I again visited Haslar, and by the kindness of the Admiralty was able to go straight from Portsmouth Harbour pier by the Admiralty boat, instead of landing at Gosport, thus having the twofold benefit of going straight to my destination, and of approaching the hospital through the fine avenue of trees leading up to the main entrance and central colonnade, and obtaining a comprehensive view of the long low brick building, warm red in colour, faced with white stone, and decorated with exceptionally fine sculpture of the period of George II.

At the back, the wings at each end of the central block, and at right angles to it, form the great quadrangle, enclosing grounds which, even on a wintry day in late November, were very impressive, and in the summer must be exceedingly beautiful.

On arriving at the main entrance, I found two policemen on duty, for the hospital is to all intents and purposes a fortress, one of whom, acting on instructions from the Surgeon-General, Dr. J. J. Dennis, who had been notified by the Admiralty of my visit, conducted me to the Sisters' Duty Room, where I found a Sister ready to take me round the building.

In time of peace the nursing staff consists of the Head Sister, Miss K. M. Hickley, R.R.C., Miss Mary C. Clark (Superintending Sister), and sixteen Sisters of the staff of Queen Alexandra's Royal Naval Nursing Service, besides the Sick Berth Staff. Just how many of the Regular Sisters are on active service, and the staff consists mainly of probationary Sisters and some thirty Sisters of the Royal Naval Nursing Service Reserve. There are also some St. John Ambulance Association orderlies. The Nursing Sisters wear, as may be seen in our illustration, an embroidered badge, consisting of a Geneva Cross on a white ground,
in a gold border, and above Queen Alexandra's monogram—two A's, red interlacing an anchor and cable gold; the whole surmounted by the
Imperial Crown.

The Reserve Sisters have been supplied by
St. Thomas', the London, the Middlesex, the
Sheffield Infirmary, and the Royal Victoria
Hospital, Belfast.

The main wards are medical and surgical,
and just now most of the cases are sick and
wounded soldiers, both British and Belgian. It
is needless to say that the floors are polished as
highly as it is possible to polish them, while the
"brights" shine like gold and silver, for there
the patients live either under slight shelter, or
in the open. There is a large dispensary, and
in the grounds are smoking sheds, where the
patients can enjoy a pipe or cigarette; they do
not smoke in the wards at Haslar. The conva-
lescents have delightful airing grounds, facing
Spithead. Altogether they seem to have a very
good time. In the grounds there is a church, approached through the quad-
rangle.

As I returned to Portsmouth across the
harbour from the Gosport side, there were
many indications of the strenuous war in which
we are engaged. Boat after boat plying

is no one in the world capable of putting so
high a polish on things as the men of the British
Navy, both ashore and afloat. Attached to the
large wards are small wards, or cabins, as they
are called at Haslar, for special cases.

There are two operating theatres, one for
major and one for minor operations, excellently
equipped and well lighted with both natural and
artificial light. There is also a large dental
department, and I was told that it was sur-
prising how many men need the attention of a
dentist.

Other blocks are those for officers, the
zymotic block, and the tubercle grounds, where
between Gosport and Portsmouth carried pas-
sengers wearing khaki. At anchor in the
harbour was the Medusa, a private yacht,
smart with fresh white paint above her bright
green hull, and bearing conspicuously the
symbol of the Red Cross. Ironclads and
torpedo-boats were to be seen in various direc-
tions, looking in the gathering darkness like
grey wraiths, instead of the grim iron walls
which, manned by sailors of the first Naval
Power, have maintained inviolate the freedom of the Empire, and, across the entrance to the
harbour, and over the harbour itself, search-
lights were continually playing. M. B.
NURSING AND THE WAR.

TERRITORIAL NURSING PROBLEMS.

A Difficult Position.

When the Territorial Force Nursing Service was founded, the Matrons of civil hospitals, who were entrusted with the sub-committees of which they act as chairmen with the selection of the nursing staff, and the maintenance of the Roll, added responsibility. "I was never," said one Principal Matron "asked whether I was willing to become one or not." The change however imposes more work on the Principal Matrons than they can undertake with advantage to the large training schools, which as a rule they superintend, or to themselves, added to which the position of the Matron is a difficult and delicate one.

We know that Principal Matrons are feeling the strain of their added responsibilities. One of

were termed Organizing Matrons; they were to keep control of the nursing staff in time of peace, and to automatically retire into the background when the hospitals were mobilized, and one of the two alternative Matrons, selected for the position, was to assume charge of the Nursing Department of the hospital concerned.

Somehow, the Organizing Matrons were changed, to the great disadvantage of the Service in our opinion, into Principal Matrons, and, with the change of title, came unquestionably them said to us recently that she thought when the War was over that the War Office would have to find some new Principal Matrons, the work was too much for any one woman in addition to her many duties as Matron of a large civil hospital. Yet, if they are held responsible, they feel that they must assume more or less active control in the Territorial Hospitals in a way not originally contemplated, and in this case the Matron falls virtually into the position of Assistant Matron, acting for the Principal Matron in her
absence, taking the position of second in command when the Principal Matron is in the building.

Why, when there are only two Principal Matrons for the whole of the regular Military Nursing Service—one as Assistant to the Matron-in-Chief at the War Office, and one as Executive Officer in South Africa—there should be twenty-three in the Territorial Force Nursing Service it is not easy to see. But it is certain that the system is conducive neither to good discipline nor efficient management. Under present arrangements we consider that no Matron should accept the position of Principal Matron unless she obtains from the committee of the civil hospital with which she is connected permission for leave of absence in time of War.

Why Not Wardmaids?

Nothing could have been finer than the response of trained Nurses to the invitation to enrol themselves as members of the Territorial Force Nursing Service, when it was formed in 1909, or the way in which they immediately reported themselves at the various hospitals, as ready for duty when called upon, and have since worked for the welfare of the sick and wounded in their charge. So much, indeed, has their work impressed outside observers that, as we reported last week, the Leicester Trades' Council sent, by resolution, its best thanks to the nurses in that town for their unremitting care of the wounded. At the same time it was stated that the nurses were beginning to break down through the great strain. The work of the nurses in Territorial hospitals is so hard because, in addition to their arduous nursing duties, they have more ward work than they were called upon to perform even in their probationer days, when they brought the exuberant energy of youth to the task.

The fundamental mistake is one of organization, the Territorial Hospitals being organized on exactly the same lines as military hospitals, whereas they are "General Hospitals," and a modification is necessary for their efficient working. Military hospital's, in time of peace, are training schools to some extent for Nursing Sisters and Matrons, and for nursing orderlies, and in time of war trained orderlies are available; but, for the Territorial Hospitals there is no such trained staff on which to draw, and a staff of untrained, if willing orderlies of all kinds, including medical students who have probably never cleaned a floor or done any ward in their lives, is an encumbrance rather than an assistance. Nor are all orderlies even willing. We heard of one, for instance, who being urged by the Sister to finish quickly the task on which he was engaged, remarked, in reply, "What is the good of hurrying, I shall only get something else given me to do when I have finished this job?"

One of the most important duties which the Advisory Committee of the Territorial Force Nursing Service should have undertaken in time of peace was to advise the War Office on the organization of the domestic department of the hospitals when mobilized, in order to conserve as far as possible the skilled services of the nursing staff. We hear that the employment of scrubbers in Territorial Hospitals has now been sanctioned, but this is not enough; an efficient and adequate staff of ward maids should be installed without delay, if the nursing staff are to perform their nursing duties efficiently and without undue physical strain.

LETTER FROM THE FRONT.

From Warsaw.

Dear Editor,—Thank you very much indeed for sending me the letter of introduction for International Council of Nurses—it will be very useful indeed.

As you will see I am now in Warsaw. We were only a week in Petrograd, but it was a very full week; we had to get all sorts of warm clothes (the English Colony were so very good as to give us a sheepskin each), and we had all kinds of invitations, both from English and Russian people, and were presented to the Empress, and I don't know what else besides. The Empress was simply charming to us; we went to the Palace and were with her about half an hour. She was so interested in hearing all about Belgium, and then thanked us for coming to Russia to help, and said she hoped God would bless us in our work, and that she hoped to see us again some day.

Now that I have come right to Warsaw, I feel that the war is very near again. Miss Grey and I have come to the Military Hospital here—it was a boys' day school which has been converted into a temporary hospital, holding nearly 1,000 patients. There are only 20 sisters, so when it is full you may imagine there is enough to do. There is terrible overcrowding, but of course that can't be helped in war time. We are very lucky in having surgeons who are very clever and up-to-date. No dressings are done in the wards—indeed, the beds are so close to one another that it would be impossible—all, even fractured femurs, &c., are brought to the dressing rooms (of which there is one on each floor) every day. The orderlies do all the probationers' work. They are such nice men—soldiers, of course. There are no servants here at all, the soldiers do all the cooking and cleaning and waiting on us.

I heard to-day that we shall probably not be kept here long, but will be sent out nearer the Front, and then I will try and write again—but you will understand I know that there is not much opportunity for writing—and every spare moment I am learning Russian. I will not forget your request for some information as regards the organisation of nurses in Russia, and I will try to send you some notes on it as soon as I can.

Again, ever so many thanks for the trouble you have taken for me.

Yours very sincerely,

Violetta Thurston.

Chez M. le Directeur de la Croix Rouge,

Warsaw, Russia.
THE CARE OF THE WOUNDED.

By the kindness of the Editor of The Queen we are able to produce two most interesting pictures of a hospital barge, showing both the river hospital and the ward. These vessels form a most comfortable and convenient mode of transit. The barges on the River Seine have been converted into floating hospitals by the Union of the Women of France.

Mrs. Alfred Paine, of Bedford, has kindly sent as specimens of her ward footwear for soldiers—felt slippers and flannel boots so made as to tie comfortably over dressings. Mrs. Paine says: "On the 20th, when I take my next consignment packed tightly into assorted dozens and sent to hospitals at home and abroad.

It has been a great pleasure to have requests for more from the nurses and sisters to whom I have sent a few, and also to see how comfortably they fit and how much they are appreciated by the wounded soldiers in our own County Hospital.

We do not wonder the slippers and shoes are appreciated, they are so well made and comfortable. We congratulate Mrs. Paine on providing such a splendid supply. Think of the rest to thousands of long-suffering feet this gift has made possible.

The Joint War Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England has made a grant of £5,000 towards the establishment in a large private house in Addington, Surrey, of a new hospital for British troops. The War Office has interested itself in the scheme, and will probably make a contribution towards the cost, which is estimated at £20,000 for one year.

The British Ambulance Committee of the French Red Cross are glad to announce that their appeal for help for the French wounded has met with a most generous response.

The committee will now work from Wimborne House, Arlington Street, where all communications should be addressed.

The President of the French Republic has sent thanks and best wishes for the success of this humane movement. We all know how terrible have been the sufferings of the French wounded at the front owing to insufficient transport. The American Motor Ambulance Corps is also rendering invaluable service in France.

The Church Army, which is rendering valuable service to the sick and wounded, reports that at Dunkirk recently the shortage of nurses and the lack of chloroform rendered the situation one of sore necessity. Lady Bagot (the Hon. Sec. of the C.A. Hospital), took out a supply of chloroform when she recently, as we have reported, went out with additional nurses; and, in response to her
urgent representations, a further supply has now been sent.

The Army's Medical Mission's Fresh Air Home, at St. Leonard's, is to be utilized for the patients of the local hospital for poor women and children, in order that wards in the hospital may be free for the reception of a number of wounded who are daily expected. The stall of the Army, at Headquarters, has been saddened by the news received that a clerk from its Men's Social Department has been killed in a recent battle. He was in the Coldstream Guards for nine years, and has been with the Church Army for the last seven years; but was so keen a soldier that he signed on for a further period as a Reservist when his six years in the Reserve was up.

Queen Alexandra is subscribing most generously to all funds for the benefit of the wounded and the troops generally. Her Majesty has provided the first for the new Red Cross hospital to be equipped in the great Stationery Office, 1,650 beds. We are pleased to note that Queen Alexandra writes: "It will be a perfect blessing to get 1,650 beds all under one roof and in charge of the most experienced and skilful surgeons, doctors and nurses."

The Matron of such an institution must be an experienced trained woman of great administrative ability. The profession will await her selection with some anxiety; as so far neither the Red Cross Society nor the War Office have realized how imperative such experience is in a large hospital, it good discipline is to be maintained, and the best care for the sick secured.

Much has been written, concerning the wounded at Boulogne, to reassure the public. The demands of the wounded have been overpowering, but great energy and devotion has been expended; and clearing hospitals and private hospitals now abound in the vicinity—at Wimereux, at Bouquet, and elsewhere. Boulogne is the base hospital for the French. The doctors and nurses are doing wonders—and the Smart Set is much in evidence.

A Liverpool Deaconess tells the following story illustrating the trust and affection which the British soldier has inspired in Belgium. A neighbour had adopted two Belgian children, a boy and a girl. The little girl cried all through the first night and all the next day; she could neither eat nor sleep, and utterly refused to be comforted. Late in the evening the family doctor called, clad in khaki. Scarcely had he entered the room when she ran to him with outstretched arms, crying, "Bittish! Bittish!" She nestled in the doctor's arms, almost immediately fell asleep, and slept the clock round.

The Committee of the Colonial Nursing Association are sending a supply of comforts to the Indian Troops at the Front. Contributions up to the end of November will be gratefully received, and should be addressed to the Secretary, Colonial Nursing Association, Imperial Institute, S.W., and marked "Indian Troops." The articles most needed are body-belts, socks, mufflers, and strips of flannel three yards long and about one foot wide (unhemmed), rolled and fastened with two or three large safety pins.

**CHANNELLOGY.**

"Father, is a vessel a boat?"

"Er—yes—you may call it a boat."

"Well, what kind of a boat is a blood-vessel?"

"It's a lifeboat. Now run away to bed."—Exchange.
FRENCH FLAG NURSING CORPS.

Every nurse who has gone on active service under the French Government in the above Corps has been warned that many unavoidable difficulties are met, and have to be overcome in wartime, and from little letters sent home we gather that such difficulties are being met in the right British spirit—which nothing can make "down-hearted."

From Evreux, where the sixteen nurses who left on the 5th inst. are divided into detachments of four, working in different hospitals, one sends word: "Miss Ellison met us at Dieppe and arranged everything splendidly for us. At Rouen we were billeted on various people as officers, who in every case quite charming to us. Here (Evreux) the Prefect has kindly arranged for us to have a large part of an étage consisting of a dormitory for ten, a room for four, and another for the supervisors, as well as a small room to sit in; a large lavatory place, furnished with basins, two bathrooms, &c. . . . Miss Richards and I are at the Ecole Normal, a temporary hospital. We are under a very clever surgeon, who has seven wards. The first days we spent making friends with all the staff. . . . We are very happy and I feel particularly lucky in having such nice comrades to work with. I feel sure gradually we shall have more and more left to us to do when the doctors and staff realise what an English nurse is like. . . . If you do hear of anyone wanting to send things to the soldiers, do beg them to send us any of the following articles—Shirts (Army), socks, body belts, or sweaters. They are so badly needed by the French soldiers, who often arrive in hospital without anything more than the stand up in. They need these sort of things more than drugs. The Sisters of my batch seem very happy. Our hours are not killing, we work from 7 to 11 and from 2 to 5. We have meals at the hospital and our cook is evidently a chef, so we are very lucky. . . . The President of the 'Dames Francaises' came and asked to be introduced to us, and we exchanged amabilités. . . . She asked us to go with her, her husband and daughter to see the Civil Hospital, which we did. Such a nice one, and very well arranged. We also went to visit the "Dames Francaises" in their sitting-room, which seemed to please them greatly."

Miss Hawkins attends all operations, dressings, does serum injections, and massage, and "has hardly a minute for anything but work and sleep." Nurses Wilcox and Case have been special night and day on a very serious operation. Miss Bale works in the officers' ward. All are pleased and satisfied to have plenty to do.

Nurses in Scotland will be specially interested in news of the first unit of Scottish nurses who left for France on the 14th inst. From Rouen they were sent to Havre and began work at the Lycée des Garçons on the following Thursday. It is a very large school, which holds over 400 beds. The St. Bartholomew's Hospital nurses are working at the Hotel Frascati. Miss Mitchell says: "We could not have been treated with greater kindness than we have received since we came here. The chief doctor in the hospital knows Edinburgh and our Royal Infirmary very well, and does everything in his power to make things pleasant for us. N. Nurse Hendre and McKinnon have got one ward to do as they please in, with a sergeant as orderly, who speaks English fluently. Nurse Bennett and I have four wards, with a charming French woman to assist us; Nurse Simpson helps the doctor she works under with his dressings, and Nurse Horan returned to Rouen in place of Miss Shankland, who was needed at the Hotel Frascati to speak French. . . . Compared with the strict discipline of our hospital, everything in a military hospital seems very easy-gone. . . . We get all our meals, except breakfast, at the hospital, and are well fed, even having afternoon tea. So far we have met with none of the hardships we expected. We have also got comfortable rooms, which we leave at 7.30 a.m. and return to twelve hours later. We have lunch at 11.30, and do not return to the wards till 2 p.m., so we are not overworked. I think we shall all like it very much."

Like our own soldiers when wounded and admitted to hospital, their French compatriots have pretty well worn out their clothing, and upon discharge need a new outfit, and such comforts the F.F.N.C. would like to distribute to patients in need. The Committee have therefore agreed to accept such gifts if friends will kindly forward them to Lady Barclay, President, at 60, Nevvern Square, Earl's Court, London, S.W. Shirts (flannel), socks, body belts, and sweaters would be most acceptable, and must be new and of good quality.
IRISH AND SCOTTISH UNITS.

The Irish Nurses Unit No. XI came over from Ireland on Thursday, and with the second Scottish Unit XII are to be entertained in London until their departure to France at an early date. Unit XI is composed as follows:—Miss Annie Gargan, Supervisor, cert. Mater Hospital, Dublin; Miss V. Law, cert. Richmond Hospital, Dublin; Miss J. Miller, cert. Richmond Hospital; Miss F. Carberry, cert. St. Vincent’s Hospital, Dublin; Miss A. Park, cert. Royal Southern Hospital, Liverpool; Miss M. Sutton, cert. Mill Road Infirmary, Liverpool.

Unit XII.—The second Scottish Unit will have Miss A. R. Cargill, cert. Chalmers’ Hospital, Edinburgh, and St. Bartholomew’s Hospital, London, as Supervisor; Miss J. A. Dickie, Miss J. A. McBeath, Miss E. Macdonald, cert. Royal Infirmary, Edinburgh, and Miss E. F. Watson, cert. Stobhill Hospital, Glasgow.

Miss E. J. Haswell, Supervisor of Unit II, has, upon the recommendation of Miss Ellison, organiser in France, been appointed by the Committee of the French Flag Nursing Corps Surveillante of the Rouen Region. Her duty will be to help Miss Ellison in all matters requiring professional experience in relation to the Nursing Staff. Miss Haswell is a member of the Registered Nurses’ Society, with practical experience of nursing in war, both in the Balkans and in Brussels. She holds a Decoration and Diploma from the Bulgarian Government in grateful recognition of her services, and the Marie José Medal for work in Belgium. Miss Haswell is well qualified in every way for this position, requiring so much common sense, tact, energy, and organising ability.

As we go to press we learn that Miss A. M. Hanning has been appointed Matron (Infirmitie Major) of the 27th Temporary Hospital at Bernay, a great compliment. It is a post in which we feel sure she will prove the value of highly-skilled nursing. Miss Hanning has the Marie José Medal for work in Brussels, and has working with her in Bernay Miss Roberts, Miss Eaddy, and Miss Cooke. Bernay is a small place but a great centre for troops, and we hear that there is any amount of work to be done. The nurses state they are all very well housed, and “all our hosts are exceedingly kind, especially Dr. and Miss Clement.” The latter lady has kindly got the nurses rooms with friends of her own.

NATIONAL UNION TRAINED NURSES.

The National Union of Trained Nurses is still very busy with the register, and amongst other activities is sending out a unit under the French Flag Nursing Corps. It is hoped that they will be at work in the Rouen district early in December.

There is still a great demand for fully trained nurses from good training schools, particularly those able to speak French. Nurses are required for military hospitals in France and at home, and also for various civil posts.

Miss Thurstan, a member of the Union, who has gone to nurse under the Russian Red Cross, has been received by the Empress, who was much interested to hear of her work in Belgium. She has now been sent to the Front, near Warsaw.

The N.U.T.N. has published a comparative thermometer on paper, Fahrenheit and Centigrade, for the use of nurses when first working under French doctors. They may be had from the office, 30, Great Smith Street, Westminster, S.W. Price 3d. on card, 2d. on paper.

The enclosed extract received from a member working in the Belgian Field Hospital, may be of interest to nurses:

BELGIAN FIELD HOSPITAL.

“T am just writing you a line to tell you that we are thoroughly happy and well here. The work is excellent, and all is most interesting. We are well fed, and though the bedroom accommodation is rather rustic, I do not think any one minds. The whole thing is uncommonly well run, especially when one takes into consideration the large number of people concerned, e.g., 20 nurses, 5 doctors, 3 dressers, and a capable person who looks after food, &c., and generally mothers the nurses. Then there are a large number of ambulance cars, their owners and chauffeurs, &c. The Queen of the Belgians came to see us, or rather our patients, three times. There are three wards, and I suppose we take about 50 patients, sending on by the next train all but those desperately wounded and those needing operations.”

LONDON BRANCH.

Dr. Charles Porter, M.D., B.Sc., will give a lecture on "Sanitation and War," at the Institute of Hygiene, 33, Devonshire Street, Harley Street, W., on Thursday, December 3rd, at 3.30 p.m.

Admission to members 3d., on showing badge; 6d. to non-members. Tea at 4d. per head can be had at the Institute.
ORDER OF ST. JOHN OF JERUSALEM.

The following nurses have been supplied for home hospitals through the St. John Ambulance Association:

Northwood Hospital.—Miss Swann.

Pinner Hospital.—Miss Fulcher.

Winchfield Tilney Military Hospital Miss Bradnan.

Papillon Hall, Market Harborough. Matron, Miss Hill.

Stood Hospital, Rochdale. Matron, Miss Hamilton.

Bonchurch Hospital. Miss Hand.

Newton Abbot Hospital. Miss Stephen and Miss L. Down.

ACTIVE SERVICE.

The following nurses have been sent on active service:

To Mrs. Percy Gore’s Hospital, Donard.—Mrs. Stewart Richmond.

To Miss De Cane’s Hospital, Donard.—Miss Bowe.

To Dr. Collingwood Foreeck’s Hospital, Tregier, St. Malo.—Matron, Miss Mabel Rogers; Sisters, Misses H. Denny, D. Goodwin, A. Cocks, J. O’Connor, L. Ritchie, W. Nole, E. Roberts.

BRITISH RED CROSS SOCIETY.

The undermentioned nurses have been supplied through the British Red Cross Society for service in the following Red Cross Hospitals at home:

Countess of Normanton’s Hospital, Engwood.—Mrs. Fielden and Miss A. Lexivson.

Frinton-on-Sea Hospital. Miss Sewart and Miss Carstairs.

Aylesford Hospital, Brighton Wood (Mrs. Heathcote’s).—Miss A. M. Stevens.

Milton Hill Hospital, Didcot.—Miss C. Morris and Miss E. Gillingham.

Louh Hospital.—Miss Jessop.

Warden Home, Reigate.—Miss Parker.

Swanage Hospital.—Miss E. Russell and Miss S. Greydick.

Lady Rosemary Portal’s Hospital, Newbury.—Miss E. Jordan and E. Craig.

Lady Portal’s Hospital, Lase-toke House, Whitchurch.—Miss B. Segar and Miss Scammell.

Hayling Island Hospital.—Miss M. Card.

Spodden Hospital.—Miss Ot.

Louh Hospital.—Miss Harpham.

QUEEN VICTORIA’S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Harriet P. Moore is appointed Superintendent to Brixton. Miss Moore received general training at St. Olive’s Infirmary, Rotherhithe, and district training at Bermudsey, and has since been Queen’s Nurse at Heath-Ledden Bridge, and Senior Nurse at Brixton. Miss Elizabeth H. Gore-Hickman is appointed Assistant Superintendent, Rochdale, Miss Margaret M. Cotter to Cleator (St. Bees).

APPOINTMENTS.

MATRON.

Ingress Abbey Military Hospital, Greenhithe, Kent.—Miss Katherine Seymour-Neve has been appointed Matron. She was trained at the Royal Infirmary, Aberdeen; and has been Night Superintendent at the Hospital for Women, Liverpool; Head Sister at the County Hospital, Shrewsbury; Nurse Housekeeper at Lord Mayor Treloar’s Hospital, Alton, Hants; and Assistant Matron at the Royal Chest Hospital, City Road, London, E.C.

ASSISTANT MATRON.

The Retreat, York.—Miss Florence J. Morris has been appointed Assistant Matron. She was trained at the City of London Mental Hospital and the Royal Infirmary, Gloucester; and has held the position of Sister at the Cardiff Mental Hospital, and of Temporary Night Superintendent at the Edinburgh District Mental Hospital.

NURSE MATRON.

Cottage Hospital, Ryemeye.—Miss Grace M. Lloyd has been appointed Nurse Matron. She was trained for three years at Guy’s Hospital, at the North-Eastern Fever Hospital, and the School of Hygiene (Paris). She has held the position of Sister at the Lambeth, the Shoreditch, and the Braintree Infirmaries; and has been Assistant Matron at the Bermoundsey Infirmary, and Home Sister at the Brompton Hospital.

SISTER.

Western Hospital, Seagrave Road, Fulham, S.W.—Miss E. Nelson has been appointed Sister. She was trained at the Crumpsall Infirmary, Manchester, and has been Nurse-in-Charge of the Sanatorium, Sankey, Charge Nurse at the Isolation Hospital, Warrington, and Sister at Ruchill Hospital, Glasgow. She has also had experience of private nursing in Manchester.

Bramcote Sanatorium, Nuneaton.—Miss Maude Hexamer has been appointed Sister. She was trained at the Central London Sick Asylum, London; and has held the position of Ward Sister at the Bethnal Green Infirmary; the Shirley Warren Infirmary, Southampton; and the Sanatorium, Burs’em. She has also been Charge Nurse at the Park Hospital, Lewisham; Pupil Housekeeper at Hull and East Riding Convalescent Home and Sanatorium. She has had experience of private nursing. She is a certified midwife.

SCHOOL NURSE.

County Borough of Smethwick.—Miss Annie Wright has been appointed School Nurse. She was trained at the Union Infirmary, Wolverhampton, and has been engaged in private nursing.

Staffordshire County Council.—Miss Edith Annie Ockey has been appointed School Nurse. She was trained at the General Hospital, Cheltenham; and has done district nursing in Huddersfield for the past two years.
NURSING ECHOES.

The annual meeting of the National Council of Trained Nurses is summoned for Thursday, December 3rd, at 431, Oxford Street, London, W., when we hope all members of affiliated societies will attend who are able to do so. The truth is that so many nurses are on active service, or busily engaged, that meetings are sure to suffer. All the same, there is important business to transact—the most urgent is to come to some conclusion as to the action of our National Council in relation to the meeting of the International Council of Nurses at San Francisco.

Miss Dock writes from New York in the American Journal of Nursing:

"The darkness of this terrible war is repeated in the silence of our European members. Not a line has come from any country in Europe since the war broke out, except a brief note from Miss Hubrecht in Holland. She speaks of the complete preoccupation of everyone in questions of nursing and general relief, and the submerging of all other activities and interests. She fears not more than two or three can hope to attend the San Francisco Congress, instead of the dozen or more who planned to do so from Holland. From New Zealand Miss Maclean writes:—"I very much fear there will be no delegates from this country, and for myself, all government leave is stopped."

"The officers of the International in the United States still hope that there may be some representation of foreign countries next summer, at least sufficient to enable us to receive our new members, China and Australia, yet doubt and uncertainty cloud all expectations. At a meeting in New York, in the beginning of October, it was agreed that we would wait until the beginning of the new year before asking our foreign members of the Council for their definite word as to the International programme. Our national meetings, of course, will go on, and even if only one nurse comes from abroad, we shall be ready to welcome her."

The Daily Express has adopted the suggestion of a correspondent, Mr. Charles Edward Jerningham, and is inviting contributions from its readers for sending a Christmas gift to each of the British nurses with the Expeditionary Force. Mr. Jerningham writes that all British men and women are grateful to the nurses for the services they are rendering, and are proud that the courage, skill, and devotion of these nurses have earned the especially good opinion, which is entertained of them, not only by our soldiers and Allies, but even by the enemy.

Letters containing subscriptions should be addressed to the Editor, Daily Express, 23, St. Bride Street, London, E.C.

The annual meeting of the Glasgow and West of Scotland Co-operation of Trained Nurses was held on the 19th inst. in the Charing Cross Halls, Glasgow. Lady Stirling-Maxwell, president, occupied the chair. In their report for the past year the Executive Committee stated that the primary purpose of the Association is to supply thoroughly trained and fully qualified nurses for those requiring their services, and at the same time to secure to nurses on the staff regular employment, adequate remuneration, and the advantages of a central home. At present there were 187 nurses on the roll. The number of cases attended during the year was 2,000, and the amount earned by the nurses £14,525. Since the outbreak of war 62 nurses had volunteered for service in nursing the wounded. Some of these were now on the Continent, and a large number were engaged in the various district hospitals. Others were ready to give their services when required. The approval of the report was moved by Sir Samuel Chisholm, Bart., who congratulated the Co-operation on the great progress it had made since its formation 21 years ago. Ex Bailie J. W. Stewart seconded, and the report was adopted. The office-bearers, including Mr. G. Wink Wight, C.A., as secretary, were re-elected, and Nurses Elizabeth Beaton, Farquhar, E. W. Miller, and Whineup were elected members of the Executive Committee in room of those who retired by rotation. Professor Glaister proposed a vote of thanks to the Executive and Medical Committees, the honorary physicians and surgeons, the subscribers to the funds, and Miss Rough and her assistants. This was agreed to. Lady Stirling-Maxwell was thanked for presiding.

Scotland sets England a very good example in this connection. None of the large and wealthy hospitals exploit private nurses for the upkeep of such hospitals.

The value of child life was never more impressed upon the nations of the world than at the present day. Every healthy child born into the world is a national asset of great value, and every nurse who preserves the life, or conserves the health of a child is therefore rendering as valuable service to her country as the soldier who fights for it, or the mother who bore him. For of what use the endurance for
nine long months, and the subsequent anguish of a woman with child, if that child does not live to grow to adult life? In the one case to be—let us hope—the mother of heroes; in the other, to risk life and limb, if need be, in his country's service.

The charming picture on this page illustrates the care of little children sent, in advance of their parents, from East Prussia, to Berlin, to the safety of the capital. The children are met by nurses, who care for them until their parents are able to follow them. The children at least look happy and well cared for, and the blight of war has not overshadowed their sunny faces. In the faces of the nurses, both anxiety and high resolve are apparent. It is not alone the men who suffer when the dogs of war are let loose. Let us hope that ere long they may be held in leash so securely that the children and children's children of the present generation may never know the horrors which at present are breaking so many hearts.

There are some appointments which always cause a certain amount of stir in the nursing world when there is a change of Matrons, and one is the Matronship of Sir Patrick Dun's Hospital, Dublin, which just now is vacant. Applications for the position of Lady Superintendent are at present being invited, and must be sent to the Registrar not later than the 30th inst.

Under the auspices of the Ulster Branch of the Irish Nurses' Association, a lecture on "Vaccines" will be given by Professor Houston in the Royal Victoria Hospital, Belfast, on Monday, November 30th, at 7.30 p.m.

We learn from Una, just to hand, that at a Bush Nursing Conference held in Melbourne, Lady Helen Munro Ferguson gave an At Home in the afternoon, and in the evening Mr. T. Livingstone, Minister of Education, and Mr. F. Tate, Director of Education, addressed the Conference. Sister Edith Greer, superintending and relieving nurse, illustrated some aspects of the work by means of lantern slides.

We are not surprised to hear from Scotland that there is a very general feeling of indignation at the autocratic and very ungenerous manner in which Miss M. Wright, for twenty-one years Matron of the Stobhill Hospital, Glasgow, has been treated by the Glasgow Parish Council. This body is very careful in its expenditure, and to blame a Matron because the equipment was not up-to-date, when the hospital was handed over for the use of wounded soldiers, was of course making a scapegoat of Miss Wright for its own delinquencies. Faithful and efficient service, of many years, should be recognized and recompensed.
THE COMFORT AND SAFETY OF THE
SICK AND WOUNDED.

WHERE TO SHOP AND WHAT TO BUY.

Now that so many people are equipping temporary hospitals it becomes a matter of importance where to obtain the many necessary old and comforts. We advise our readers to consult the advertisement pages in this Journal, from week to week, where they will find announcements by some of the most eminent firms in the kingdom of the goods which they supply.

To mention a few:

Messrs. Down Bros.

Messrs. Down Bros., of St. Thomas Street, Borough, S.E., are a firm whose reputation for the excellence of the goods they supply has extended all over the world. Both surgical appliances, instruments, and hospital requisites are of the first quality, and a visit to their showrooms will reveal the extent and the practical utility of their supplies.

Hospitals & General Contracts Co., Ltd.

The Hospitals & General Contracts Co., Ltd., 25-35, Mortimer Street, London, W., are most conveniently and centrally situated, and their showrooms contain a complete stock of surgical and nursing requisites at most moderate prices. Those who are too far to the present time, even with increased facilities, its capacities are tried to the utmost, and day and night the staff are endeavouring to cope with the rush of work. Those who need hot water bottles should remember that this firm supplies them, excellent in quality, and in large or small quantities, an order for 2,000 having recently been filled.


The firm of Messrs. E. & R. Garrould, 150-162, Edgeware Road, is one always popular with nurses, for it not only makes a point of catering for all their needs, but, thoughtful for their comfort, supplies, in its nurses’ salon, facilities for reading and writing of which many nurses gladly avail themselves.

Messrs. Garrould also undertake the equipment of hospitals throughout, and in this connection we may draw attention to the Portable Canvas Invalid Camp Folder, shown in our illustration, which costs 9s. 6d., or, complete with leather pillow, 12s. For hospitals near the fighting line, which may have to move at short notice, such beds are found to be very convenient. The firm supplies the Army Folding Regulation brown canvas stretcher, mounted on four wheels, with

THE PORTABLE INVALID CAMP FOLDER.

leather shoulder straps and pillow. Also operating and dressing tables, surgeons' and nurses' overalls, and invalid chairs, and, of course, nurses' uniforms in all varieties. Every nurse should keep by her one of Messrs. Garrould's illustrated catalogues, with the help of which she can readily supply all her needs.

Grimwades, Ltd.

We are always glad when visiting a hospital to see the shelves in the lavatories containing a good supply of the "Perfection" Bed-pan, for we know how much this means of added comfort for the sick. It is supplied in this country by Messrs. Grimwades, Ltd., Stoke-on-Trent, the London showrooms being at 13, St. Andrew's Street, E.C. The bed-pan, when in use, does not press against the spine and hurt, as in the case of the round variety, because, owing to its shape, the body rests on the sides of the pan, and all pressure on the spine is thus relieved. Also it has no inaccessible corners, or tubular handle, and is thus easily cleaned. The round bed-pan with its many sanitary and anatomical defects, should be discarded in favour of this model type.

Kolynos.

One of the most important points for a soldier is the preservation of his teeth; for upon sound teeth depend good digestion, and consequently good health. So strongly is this realized by the authorities that bad teeth will disqualify a recruit. The selection of a dentifrice is, therefore, of considerable importance, and in Kolynos Dental Cream, supplied by the firm of that name at 43 and 44, Shoe Lane, London, E.C., will be found not only a tooth paste which is agreeable to use, but one which has been proved to prevent disease, and definitely to destroy disease germs entering the nose and mouth. The firm has sent 4,000 tubes as a gift to the British Red Cross Society and various war hospitals.

Lycryl.

The fact that Lycryl—a new disinfectant—has been put upon the market by Eucryl, Ltd., 61-63, Lant Street, Southwark, S.E., the proprietors of the well-known dentifrice of that name, is an assurance that it will receive the attention
deserved by the product of a firm of such high repute. They will be glad to send samples to enquirers. It has the advantages that it has a special solvent action on grease and mucus, and thus is of value in removing accumulated secretions, with their adhesive germs; further it is claimed that it does not stain the skin or corrode surgical instruments. It is soluble in water, and should always be diluted before use. We hope to refer again to Lycreyl in a future issue.

**Toyol.**

Another new disinfectant which is gaining the attention of the public is Toyol, which has been produced in the Analytical Research Laboratories of the Boots Pure Drug Co., Ltd., Nottingham, and is obtainable at any of the branches of this well-known firm.

**Lysoyl.**

The readers of this Journal are fully aware of the value of Lysoyl as a disinfectant, and of the good results obtained by its use. Lysoyl is supplied by Messrs. Chas. Zimmermann & Co. (Chemicals) Ltd., 6 and 10, St. Mary-at-Hill, London, E.C. The newest speciality of the firm is Lysoyl Petroleum Jelly, and samples are sent to nurses on application. Lysoyl is made from the finest and purest raw materials, and is non-caustic, and safe and pleasant in use.

**Bovinine.**

A valuable preparation, in the form of a concentrated Beef Juice, ready for use, is supplied by the Bovinine Co. (Agent, W. Edwards & Son), 157, Queen Victoria Street, London, E.C. Because it is a powerful stimulant in cases of extreme exhaustion and shock, it is much appreciated in connection with the care of the sick and wounded. It is given either in cold water or milk and it is claimed for it that it will support injured men for long periods, and is, therefore, especially applicable where patients are to be conveyed to a Base Hospital. In cases of low vitality, due to loss of blood, it is frequently ordered by the medical profession. It is rapidly assimilated and readily tolerated by the most irritable digestive organs, and is manifestly, therefore, a preparation with which all nurses should be acquainted. It can be obtained through all chemists and drug stores.

**Benger’s Food.**

Benger’s Food (supplied by Benger’s Food, Ltd., Otter Works, Manchester, belongs to the cereal classes, and its proved value in the dieting of the sick is well known to nurses, as for many years it has been ordered by leading physicians for their patients. The special point to be remembered in connection with this food is its power of self-digestion owing to the natural digestives—Trypsia and Amylopsia which it contains. The process of digestion goes on when new milk is added to the Food, and it is allowed to stand, and the amount of digestion which takes place is determined by the length of time it is allowed to stand before being brought to the boiling point.

**Neave’s Food.**

Neave’s Food is one which has the reputation of nearly a century behind it, and together with Neave’s Milk Food and Neave’s Health Diet, forms a valuable article of diet not only for infants, but also for invalids. It is supplied by Josiah R. Neave & Co., Fordingbridge, who will send free samples to nurses who enclose their professional cards.

**Horlick’s Malted Milk.**

Another preparation of proved value, which must always be taken into consideration when sending supplies for the use of the sick and wounded is Horlick’s Malted Milk, a delicious food-drink, invaluable as an emergency food, and supplied by Horlick Malted Milk Co., Slough.

**Glaxo.**

Glaxo, supplied by the firm of that name, of 45-17, King’s Road, St. Pancras, is a preparation widely known and used by nurses, with whom it is a favourite beverage. We may add that the firm is bringing out a series of most artistic post cards, which will, no doubt, add to the popularity of Glaxo by drawing attention to its merits.

**Oxo.**

A very favourite preparation and an active aid to nutrition is Oxo, which is not only a pleasant article of diet but an active aid to nutrition, as it combines both the stimulating extractives and the nourishing fibrin of beef actively blended. Those who take Oxo when tired or exhausted can testify to its recuperative powers, one reason being that it is readily assimilated. Large quantities are now being sent abroad, and we have no doubt that it will play an important part in the feeding of the sick and wounded.

**Gospo.**

Owing to the shortage of materials, coming from Germany, used in the manufacture of soft soap, it is of interest, for those who have not already used Gospo, to know of the efficiency and excellency of this British-made Cleanser. Gospo is specially supplied to hospitals for cleaning all kinds of marble, mosaic, tile and rubber floors, but is equally efficient for all general cleaning purposes, and is supplied by Gospo, Ltd., 33, Waterloo Road, S.E. We recently met casually in the train a Sister from a London hospital, and a regular reader of this journal, who was enthusiastic as to the merits of Gospo, and enlarged upon them to another passenger unacquainted with them.

Messrs. Keen Robinson & Co., Ltd., of Denmark Street, St. George’s Street, London, E., have sent to the warehouse of the Order of St. John of Jerusalem, 50, St. John Square, Clerkenwell, E.C., three dozen lb. tins of their “Patent” Barley in response to the appeal made in this Journal for comforts for the sick and wounded.
PROFESSIONAL REVIEW.

A MEDICAL DICTIONARY FOR NURSES.*

It is with genuine pleasure that we welcome " A Medical Dictionary for Nurses," by Miss Amy Elizabeth Pope, Instructor in the School of Nursing, St. Luke's Hospital, San Francisco, as unquestionably the best book of its kind that has ever been published. Indeed we know of none which has even attempted to deal with the subject so thoroughly, and we most cordially congratulate Miss Pope, who is already well known to nurses, as an author of repute on professional subjects, on the high merit, and practical usefulness, of her latest book. It should rank as a classic for nurses, in the same way that Hoblyn's Dictionary of Medical Terms does for medical practitioners.

In her preface the author tells us that "The purpose of this book is to provide a medical dictionary containing a detailed definition of words and terms of special importance to nurses. To do this without making the book larger than seemed advisable, it was necessary to omit some words usually included in medical dictionaries, but those omitted are ones which nurses are not likely to look for, or which are similar to those contained in the book. In compiling the definitions a large number of the newer books on bacteriology, chemistry, physics, physiology and medicine were consulted." Indeed there is evidence that the latest information on subjects with which it is most important that nurses should be conversant, and which they will not find in the ordinary text books, is here available.

To take at random such words as "bath" and "rays." We find under the former word a complete list of the varieties of baths, the conditions for which they are prescribed, and the method of administration and the temperatures at which they should be given. Under "rays" we have a concise description of the various rays employed in medical treatment, and in a description of the X-rays we read that they have power to effect chemical changes in a photographic plate, also that all bodies are transparent to the rays though in varying degree. Thus, if there is a bullet in the hand and the rays are turned upon it the flesh will show as a faint shadow, the bones will be more clearly defined, and the bullet still more so.

The book is clearly arranged and contains numerous illustrations. It should be in the library of every nurse-training school, and no nurse who secures a copy will willingly be without it.

The most important former book by Miss Pope is "Practical Nursing," in which she collaborated with Miss A. C. Maxwell. It is published by Messrs. Putnam's, as are also "A History of Nursing," by Miss L. L. Dock, and Miss M. A. Nutting (in four volumes), and Miss Dock's invaluable "Materia Medica for Nurses." Together they form for the nurse the basis of a professional library of exceptional excellence.

*G. P. Putnam's Sons, 24, Bedford Street, Strand, London, W.C. s. od. net.
the honourable man provided for his wife and family. The moral welfare of the country was indissolubly bound up with the maintenance of the sanctity of the marriage tie, added Canon Deedes, and it seemed to him the practice was one that struck at that sanctity in a very grievous fashion.

The true Christian spirit was apparent in the attitude of Archdeacon Esseel, who said that it a man had lived faithfully with a woman for years, because he had not legalised her position (though he would wish the man had and sought God's grace in the solemnisation of marriage, he saw no reason why the State should not respect the position of the man. He did not think they ought to talk of "impurity" or of "looseness" of men and women who had lived together like that.

Are men born out of wedlock excluded from serving their country in our Navy and Army? It just that the State has given of their flesh and blood to defend it and let the State recognise its obligations and be thankful.

**BOOK OF THE WEEK.**

"THE THREE SISTERS."*

"The Three Sisters," by Miss May Sinclair, is, before all, a study in Fugitives— from which it must not be understood that it is dull, Miss Sinclair is never that; but the characters whom she pours out are frankly animal, except Mary, the eldest daughter of the Vicar of Garth a man who under an ascetic moustache, hides a sensual month, and who has played a part for so long that he even deceives himself—and Mary is not animal, only because like the serpent, she is more subtle than any of the beasts of the field—crafty in love-making, and cold-blooded in torturing her victims.

The Vicar, Mr. Carteret, had brought his three motherless daughters, Mary, Gwenda and Alice, to Garth—isolated and remote, throwing up a living which would have led to perdition, for one who could lead to nothing at all, because the indiscipline of his youngest daughter had made his former parish unhabitable for him. But, man-like, the remedy he chose was the one least calculated to effect the end he desired. Close occupation, many and varied interests might have kept her mind and the minds of her sisters from undesirable channels: as it was, the new doctor, Stephen Rowcliffe, offered the only eligible outlet for their unwholesome emotions, and when, listless and inert, one evening the sisters heard the wheels of his cart on the road, "life, secret and silent, stirred in their blood and nerves. It quivered like a hunting thing held on the leash."

"Not one spoke a word to the other."

"All three of them were thinking."

"Mary thought, 'Wednesday is his day. On Wednesday I will go into the village and see all my sick people. Then I shall see him. And he will see me. He will see that I am kind and sweet and womanly.' She thought, 'That is the sort of woman that a man wants.' But she did not know what she was thinking."

"Gwenda thought, 'I will go out to the moor again. I don't care if I am late for Prayers. He will see me when he drives back, and he will wonder who is that wild, strong girl who walks by herself on the moor at night and isn't afraid. He has seen me three times, and every time he looked at me as if he wondered. In five minutes I shall go.' She thought for she knew what she was thinking 'I shall do nothing of the sort, I don't care whether he sees me or not. I don't care if I never see him again. I don't care.'"

"Alice thought, 'I will make myself all—so that they'll have to send for him. I shall see him that way.'"

Little as the Vicar realised it, the temperament of the girls was a heritage from himself and from a yet more remote ancestry; and the lesson of the book is that the best things which parents can bequeath and demonstrate to their children are clean living, pure thinking and self-control.

The Vicar had had three wives—Mary Gwenda, the one the children called "Mother," and who died when Alice was born (Gwenda said quite frankly that "papa killed her; he was told that Mother would die or go mad if she had another baby, and he let her have Ally's;"

"Frances, the one they called 'Mamma, ' who had turned into a nervous invalid on his hands, before she died of that obscure internal trouble, which he had so wisely and patiently ignored"; and "Robina, the one they called 'Mummy,' who had run away from him in the fifth year of their marriage against whom his grievance was that her mildness condemned him to a celibacy for which, as she knew, he was utterly unsuited."

It was Stephen Rowcliffe who, realizing the fundamental cause of Alice's illness, told her father in plain terms, that "if she were kept shut up in the Vicarage much longer she would die or go out of her mind, but that she would be all right—perfectly all right—if she were married;" and Gwenda, loving and beloved of Stephen, loving the truth, made her supreme act of renunciation, and left home, having confided her reason to Mary, in order to leave the field clear for Alice, and so save her from the catastrophe which threatened. But it was Mary who ensnared Stephen.

Even Alice—Alice, for whom Gwenda's sacrifice was unavailing—was horrified. "I couldn't do a childish thing like that," she said; and it was true. Not that she cared for Rowcliffe. The astute doctor had diagnosed her complaint perfectly accurately; and she speedily, and unspeakably, consoled herself.

The book deals with an unpleasant subject, but it is a remarkable one, and arrests attention by the profound knowledge of a certain phase of human character drawn from the well of truth, on which it is based.
COMING EVENTS.

November 30th.—Ulster Branch, Irish Nurses Association. Lecture on "Vaccines," by Professor Houston, 7.30 p.m.

December 1st.—Annual Meeting National Council of Trained Nurses of Great Britain and Ireland, 431, Oxford Street, London, W., 4 p.m.

December 5th.—General Meeting League of St. Bartholomew's Hospital Nurses, Clinical Theatre, St. Bartholomew's Hospital, 3 p.m.

LETTERS TO THE EDITOR.

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

A HINT TO MATRONS.

To the Editor of The British Journal of Nursing.

Dear Madam,—Since we opened this private hospital (in a large country house) for convalescent soldiers, we have not employed any untrained nurses—all have certificates—but after some weeks' experience of them in my house, one sometimes wonders what "training" means. Do not mistake me—the nurses are quite good in their relation to the patients—but I would venture to suggest to Matrons responsible for training nurses that their system apparently leaves much to be desired in their personal habits.

This is a well-appointed gentleman's house, with usual staff of servants, &c., and their complaint of the untidy manner in which the nurses leave their bedrooms, everything scattered about, the manner in which table cloths are slopped with tea and coffee at meal times, and the necessity for brushing up the crumbs off my nice carpets after every meal, makes me wonder if such slovenly habits are permitted in hospitals. Surely personal cleanliness, neatness, care of household furniture, should be part of a trained nurse's equipment, and they should be taught to respect the belongings of host and hostess. Already more damage has been done in my establishment in a few weeks by "trained" nurses, than in years by my personal friends.

Yours truly,

A Hostess.

PATIENTS' FAMILIES.

To the Editor of The British Journal of Nursing.

Dear Madam,—I wish we might have an article on how to manage Patients' Families, as so many private nurses fail in this connection. I have a few notes dotted down at cases, and although people hate advice they may be of use to others. Here are a few: (1) One may be passée and unattractive, but don't forget that it is not only good looks of which dear ones may be jealous; don't absorb a patient, so that he or she depends too much upon you, to the neglect of those nearest and dearest; trained nurses are very apt to indulge in this form of vanity. (2) Don't imagine that mothers ever really wish to stand aside—in all you do for children, if possible, include the mother's help; and realise how faithful children are; you, here to-day and gone to-morrow, can never detach their affections from their own Nannie; therefore, include her as far as possible in ministering to them. (3) Don't be pumped by "in-laws"; they usually want to know too much. I could go on quoting quite a bit, but should like to hear the experience of other private nurses—some succeed so wonderfully wherever they go—and they must meet with and overcome difficulties every time. I recommend The British Journal of Nursing wherever I go; it keeps me buoyed up every week; it is more helpful than words can say.

Yours truly,

Member R.N.S.

OUR ADVERTISERS.

We would remind our readers that they can help The British Journal of Nursing by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

NEW SUBSCRIBERS.

The Editor hopes that every reader who values The British Journal of Nursing will encourage her friends to subscribe for it, so that its constructive work for the profession may receive ever increasing support. Don't forget that it is the only weekly journal edited by a trained nurse, and which supports (1) an efficient standard of Nursing Education, (2) State Registration of Nurses, and (3) Just Economic Conditions for Nurses.

WHERE TO GET THE B.J.N.

If unable to procure The British Journal of Nursing through a newsagent, the manager desires to be informed of the fact. If you ask for this Journal, do not be put off with a substitute. Copies can always be procured at the offices, 431, Oxford Street, London, W., and through Messrs., W. H. Smith & Son. In Scotland through Menzies & Co., Glasgow; and in Ireland through Fannin & Co., Dublin.

OUR PRIZE COMPETITION.

QUESTIONS.

December 5th.—How would you prepare a normal salt solution for infusion in a private house?

December 12th.—What is acute nephritis? Name two causes. Outline briefly the treatment.

December 19th.—When is drainage used and why? (a) Name four methods and material that may be employed?

December 26th.—Define the words (a) sterile; (b) asepsis; (c) disinfectants; (d) sterilization; (e) what is most effective?
The Midwife.

A MATERNITY NURSING HOME.

The Maternity Nursing Home at 13 and 14, Prince's Gate, S.W., is being organized through the Maternity Assistance Committee of the Professional Classes War Relief Council, the Chairman being Mrs. Scharbeh, M.D. The Committee includes Sir Francis Champneys, Matron of the London Maternity Hospital, and others. The Council realizes how hardly the professional classes are hit by the War, while the Prince of Wales Fund only makes grants to the Local Distress Committees, and the Soldiers' and Sailors' Families' Association, are endeavouring to give certain centralized forms of assistance, and one of the most important is to help those about to become mothers during the trying and costly period of confinement and convalescence, by opening Nursing Homes in London and the provinces, offered by voluntary medical and nursing staffs, with a competent paid Matron in charge. It is also hoped to supply voluntary monthly nurses to those needing such services, in their own homes.

So far as we know the attempt has never been made in London to provide a Maternity Home for patients of the professional and educated classes, although in these days when so many people live in small flats, unsuited for maternity cases, the need is apparent, and it may be that the present emergency will open the way for the establishment of a permanent home.

The Committee are most fortunate in having placed at their disposal by the generosity of Mr. J. Hearst Morgan his beautiful house at 13 and 14, Prince's Gate, S.W., rate and rent free, for the period of the War. It will be open both to individuals recommended by the various professional societies and institutions, and to those who apply direct to the Council. A charge of £2 2s. per week is made which covers board, lodging, washing, medical and nursing attendance, everything in fact but the washing of personal linen.

If this cannot be met then the Central Council hopes to make grants in those cases recommended by the Maternity Committee.

The house from the moment one enters it, gives one the impression of restfulness from its spaciousness, beauty, and harmonious decoration, and the courteous and kindly reception given by Mrs. Chambers to the representative of the Journal at a time when the Committee were meeting, a working party in progress in the house, and every one extremely busy, impressed one with the fact that a warmth of welcome, and every care, offered in the most delicate manner possible, would be extended to any patients who seek its sheltering care.

Although the Home is by no means yet equipped, and many gifts are needed, still the Committee are prepared to receive patients immediately. The Matron, at the time of our visit, had not been appointed, and the nursing staff are to be selected on her advice from a list of volunteers at the disposal of the Committee. Mrs. Altenrop, trained in general nursing at Leeds, and also a certified midwife, is appointed Sister-in-Charge, and it is very satisfactory to be assured that all the nursing staff will have both general and maternity training, and that there will be one nurse to every two mothers and babies, exclusive of the night staff, so the nursing should be well done, and the names of the medical staff command confidence.

The wards, providing for seventeen patients in all, for the most part two in a ward, though it is proposed to have some single ones, are delightful rooms in which to convalesce—airy and spacious—and one of the joys of maternity work is that one expects all the patients to make good recoveries. The wards are on two of the upper floors, and those in the front of the house have a delightful view over the Park, while those at the back look on to Prince's Gardens. On each floor are two bathrooms, while a third has been adapted for a Labour ward. Let us hope that the Home will be well supported and that everyone who can will make some contribution, either in cash or in kind, to help to alleviate in a most acceptable form the distress of a section of those classes upon whom the War presses so hardly, and whom it is most difficult to help.

DIET POINT FOR MIDWIVES.

It is generally recognized that the fine physique of the Scottish people is partly due to the daily use of oatmeal in their diet, and for this reason expectant mothers are taught to eat largely of oatmeal porridge, often not liking the dish, nor digesting it easily. The Scotch habit of eating oat cake is overlooked. Yet this is so easily made, digestible and palatable, that it should be eaten every day by those who are creating a new life, especially by those who feel discomfort after food containing much fluid.

Scotch not English oatmeal should be used as the latter has a slightly bitter flavour which all do not care for. The finest oatmeal is most suitable for delicate digestions, or the medium quality.

The method of making is so simple that oatcake may be made in any cottage, or where there is only an oil stove. To half a pound of oatmeal in a basin add half a teaspoonful of salt and a good pinch of bicarbonate of soda. Mix well. Put a
piece of dripping or butter the size of a small walnut into a basin and pour on it 7 ounces of boiling water. Directly the butter is melted stir the water into the centre of the oatmeal and work it all in with a knife. Turn the dough out, roll smooth and bake on an iron sheet over a slow fire until browned both sides. With an oil stove the best method is to put the dough in a large shallow cake tin, press it flat with a potato masher, and place the cake tin in an iron frying pan of slightly smaller diameter at the base. This prevents burning.

In the English oatcake as eaten in the North Country, the fat is omitted. Wheatmeal cake may be made in the same way. Where good brown bread is difficult to obtain this is a good substitute. The mixing process should be carried out expeditiously or the cake will be "sad."

HEALTH MISSIONER.

CENTRAL MIDWIVES BOARD.

A Meeting of the Central Midwives Board was held at Caxton House, Westminster, on Thursday, November 10th, Sir Francis Champneys presiding.

The Standing Committee reported that a letter was received from the Clerk to the Guardians of the Walsall Union with regard to the resolution of the Board refusing to admit to Examination a candidate who had tendered a birth certificate which had been tampered with.

On the recommendation of the Committee it was agreed that the Clerk to the Guardians of the Walsall Union be informed that the Board regrets that it is unable to condone the serious offence of which the candidate has been guilty; it is willing, however, to allow her to apply again in October, 1915, on forwarding evidence satisfactory to the Board that she appreciates the gravity of her offence and is resolved to behave honestly in future.

A letter was received from another candidate for examination who had tendered a birth certificate which had been tampered with. It was agreed that the candidate be not admitted to examination.

A letter was read from the Local Government Board transmitting for the information of the Board a copy of a letter addressed to the Town Clerk of Gloucester with regard to the supervision and inspection of midwives in the City of Gloucester. It was agreed that the Local Government Board be thanked for their letter.

A letter was received from the Council of the Midwives Institute transmitting a copy of a memorial with regard to a memorandum accompanying a circular issued by the Local Government Board respecting Maternity and Child Welfare. A letter was received from the County Medical Officer of Health of Lancashire on the same subject. It was agreed (a) that the Midwives Institute be thanked for their letter; (b) that the County Medical Officer of Health of Lancashire be thanked for his letter.

A letter was received from the Clerk of the County Council suggesting the removal from the Roll for a limited period of the name of any midwife who had been found guilty of negligence or misconduct, deserving some punishment more severe than that of censure though not to the extent of final removal of her name from the Roll. It was agreed that the letter as drafted by the Chairman be approved and sent to the Clerk of the London County Council.

A letter was received from the Clerk of the Bucks County Council asking whether the Local Supervising Authority has any jurisdiction over a certified midwife when acting in the capacity of a nurse under a medical practitioner, in attendance on a confinement. It was agreed that the Clerk of the Bucks County Council be informed that a midwife acting only as a nurse is amenable to the Act, and also to some of the rules (e.g., Rule E.5), but not to all.

A letter was read from the Clerk of the West Riding County Council with reference to the power of the Local Supervising Authority to authorize the County Medical Officer of Health to suspend a midwife from practice in accordance with the Midwives Act and the Rules of the Board. It was agreed that the letter as drafted by the Chairman be approved and sent to the Clerk of the West Riding County Council. The Chairman explained that in connection with the suspension of a certain midwife the County Medical Officer had been notified that the Local Supervising Authority had not power to delegate its duties. The Clerk of the West Riding County Council stated that the C.M.O. always made a practice of drawing attention to the rules, but intimated that the procedure of the Act was quite useless, owing to the time which must elapse before the Committee could take action.

A letter was received from a certified midwife, who was approved by the Board at its last Meeting to undertake the training of pupil midwives, asking whether the qualifying fifteen lectures may be spread over a period of seven weeks only. It was agreed that the approval of this midwife be suspended until the Board has satisfied itself that she knows and is prepared to carry out the rules of the Board.

APPLICATIONS.

For Removal of Name from the Roll.—The applications of six women for the removal of their names from the Roll were granted.

Applications for Recognition as Teacher.—The following applications were granted: Dr. Douglas Petival Watson, Sidney Herbert Snell, M.D., D.P.H., and Dr. John Archibald Valentine and Dr. Alexander Freear, pro hac vice.

Applications of Certified Midwives for Approval to Undertake the Practical Training of Pupils.—The following applications were granted: Johanna May Driver (No. 38550), Mary Harriet Jones (No. 1280), Lucy Alice Noon (No. 30688).

REPORTS.

The report on the work of the Board as amended was adopted, signed by Chairman, and is to be forwarded to the Privy Council, and the Secretary's Report on Examination 55 was adopted.
EDITORIAL.

THE RAISON D'ÊTRE OF THE FRENCH FLAG NURSING CORPS.

British nurses who are selected by the Committee of the French Flag Nursing Corps under the authority of the French Minister for War, and the French War Office, for service in the Corps have every reason to be proud of the position which they hold, first because M. Millerand has paid them an unprecedented compliment in introducing their skilled services into the military hospitals of France, and, secondly, because of the great debt we owe to our brave Allies. As a contemporary well points out we are not only helping France and Belgium, but fighting our own battle on the territory of our Allies, and the integrity of both Belgium and France are necessary to the safety of England.

But not only do motives of patriotism inspire nurses privileged to care for the sick and wounded French soldiers, for every man and woman in this country must have been moved to profound admiration by the heroism and gallantry of the soldiers of France, and the opportunity of being able to demonstrate, in a practical way, their gratitude to the devoted French Army which has fought, with such supreme courage and tenacity, not only in the interest of France, but to protect our shores from invasion, is one of which every British nurse must be proud.

It is a happiness indeed that the work of nurses trained in the best nursing schools of England and Wales, Scotland and Ireland in the most modern methods is of value to our Allies, and it must be our pride to see that any request made by the French War Office for their assistance is promptly and fully met. Nothing could bind us more closely to the Nation whose soldiers have fought side by side with our own in the trenches than that our nurses should, in French military hospitals, fight with the forces which bring death and disease in their train, and that they should wrest from these forces the lives of the brave men they seek as their prey, so that they may be restored either to the fighting line, or to the wives and families whose heroism, in its way, has equalled that of the men for whose return, crowned with the laurels of victory, they look forward so ardently.

The British nurse comes of a race famous for grappling with the foe, and for holding on to him with the tenacity of the bull dog bred in her island home; and the national characteristic which has made its sailors and soldiers second to none in the world, has made its nurses famous for the fight they wage over the sick bed of their patients, refusing, so long as life remains, to give up hope, and infusing into those in their care that hope and determination to put up a good fight, which so often set their feet on the road to recovery.

It has been suggested in certain unprofessional nurses' papers that aid to the French sick and wounded should only be supplied through the British War Office, or Red Cross Society, but we must point out that the French War Office has not yet relegated its authority to either one or the other, and it is in the highest degree improbable that either the President of the French Republic or the Minister for War will do so. Surely both the War Office and the British Red Cross Society must realize what a high compliment has been paid to British Nurses, and should be proud to further by all means in their power the work of the nurses who have been accepted by the French Government for service in its military hospitals, and accorded the rank of officers. The nurses it is true must be prepared for difficulties, for the conditions of service at home and abroad are very dissimilar, but we have no doubt that they will overcome them, and demonstrate to our Allies the value of trained nursing as practised in this country.
OUR PRIZE COMPETITION.

HOW WOULD YOU PREPARE A NORMAL SALT SOLUTION FOR INFUSION IN A PRIVATE HOUSE?

We have pleasure in awarding the prize this week to Miss Dora Vine, Eversley, Exmouth.

PRIZE PAPER.

Unless otherwise directed, normal saline or salt solution is made by adding one and a half drachms of salt to a pint of water. Some nurses find it simpler to say a teaspoonful of salt to a pint of water. If this solution is required for transfusion, or infusion, it must, of course, be sterile. Such a solution is often used in cases of haemorrhage to replace the volume of fluid lost. I should prepare the saline by making a bedroom jug surgically clean by one of the usual methods (washing well with soap and water, then using water and methylated spirit, and finally scalding with boiling water is a good way). It is of vital importance that real asepsis is observed, and a nurse cannot be too careful on this point. Her patient will, of course, benefit by her faithfulness in little things; she will also benefit by her strict routine, and who knows what influence she will exercise on the onlookers?

I should then take a sterile towel, and having filled the jug with boiled water (it must be allowed to cool first, otherwise the jug may crack), I should add enough salt to make the required strength. I should bake the salt first in a perfectly clean towel placed in a pie dish. (This is a simple and good way of assuring perfection in a necessary detail that I learnt from a private nurse friend.) I should then cover the jug with the sterile towel, pinning the latter carefully in place. The patient should lie on his back, with mackintosh and drawsheet, also a folded warm towel under the buttocks. I should test the flow of the apparatus by hanging a douche can on the wall at such a height that water will flow very slowly from the tubing. The douche can makes an excellent substitute for a proper infusion apparatus, but must be carefully sterilised. The tubing must have a glass "eye" piece, that the flow can be watched, and a rubber catheter is attached. A clip is put on the tubing to regulate the flow. I should "boil down" some vaseline by placing the pot in the oven for a few minutes. When the saline is cooled to blood heat (98.6° must enter the body, so 100° F. should be the temperature registered in the douche can) the catheter is lubricated. (Personally I prefer sterile water for the purpose.) The saline is allowed to flow through into a vessel, and the rate of flow and temperature is assured. When this is satisfactory—i.e., the liquid flows very slowly, being regulated by fingers or clip—the catheter is introduced, and the liquid allowed to flow gently into the rectum; or in other cases the solution is introduced into a vein or the cellular tissues. In the latter cases a doctor will, of course, attend to everything but the actual preparation of the "saline."

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Florence Finlay, Miss Dorothy Maton, Miss C. G. Cheatley, Miss B. Bottomley, Miss J. Robinson, Miss MacAlister.

Miss Florence Finlay writes:—To prepare normal salt solution for infusion in a private house, I would, if time permitted, boil thoroughly two jugs (I always carry an enamel pint measure when private nursing), also some muslin, jaconette, or two saucers.

Putting cold water to the amount of not less than two pints into one of the sterile jugs, and adding kitchen salt, "dr" drachms to each pint of water, I would stand the jug containing this in a large pot of boiling water, cover the top of the jug with jaconette or the sterile saucer, and let the solution boil for not less than two hours.

QUESTION FOR NEXT WEEK.

What is acute nephritis? Name two causes. Outline briefly the treatment.

GAS GANGRENE.

Sir Anthony A. Bowlby, F.R.C.S., C.M.G., Consulting Surgeon with the Expeditionary Force, and Mr. Sidney Rowland, M.R.C.S., in charge of the Mobile Field Laboratory, contribute an interesting report on Gas Gangrene to the British Medical Journal. They state that a copy of the report has been sent to the Director of Medical Services, and is mainly the result of work done at the clearing hospitals at the Front, to which patients are taken within a few hours of being wounded. Many of the conclusions and practical recommendations have been conveyed to the hospitals, and an attempt is being made at the Lister Institute to provide an anti-toxin.

The authors say that it seems advisable to briefly record the conclusions at which they have so far arrived on the spreading gangrene which has occurred amongst the wounded of all the armies now in France.

After describing the isolation of a bacillus in a typical case, which pointed to the conclusion that it was probably the specific organism of malignant oedema, the authors report that further examination made at the Lister Insti-
tute inclined the observers to the view that the organism in question was identical with one that for some time was confused with that of malignant oedema, known as the bacillus of Ghon and Sach. There are some ten different organisms that have been isolated from cases of gas gangrene in man, all of which are closely allied, and have the common characteristic of being anaerobic spore-bearers. From other cases in the clearing hospitals at the Front several more organisms of this group have been isolated.

A sample of earth from a trench was also examined, and the result of investigations led the authors to the conclusion that the gangrene found amongst our wounded soldiers is directly due to infection introduced at the time of the wound, and this is especially likely to occur if muddy clothing has been carried in by the projectile, or if earth has been carried in by the explosion. They are therefore of opinion that the gangrene that occurs amongst the wounded is a traumatic infection, and dates from the moment of the injury. It is solely due to infection from the soil, and is in no way related to sloughing phagedena, or so-called hospital gangrene.

**Clinical Picture of Gas Gangrene.**

In the cases seen by the authors, the gangrene has always occurred in connection with wounds of the extremities. They have seen it both in slight and very serious wounds, but a larger proportion of the serious wounds are affected by it, especially when large bones have been shattered, and muscles extensively torn and extruded. They have seen it with and without fractures, and in a relatively large number of fractures of the tibia.

**Period of Onset.**

The authors add further:—It is most noticeable that it always shows itself within the first few days, or even hours, following the infliction of the injury. In two cases we have seen it well marked within thirty-six hours, and in several others already extensive on the third and fourth day.

Several patients have died of it on the third day following that of the injury, and in other patients it has progressed so far that amputation has been performed on the third day.

**Onset.**

This is characterized by swelling of the injured part, and the gangrene seems especially liable to occur in connection with that swelling of a limb which is due to extravasation of blood in the subcutaneous tissues and intermuscular planes. It seems to us that interference with the circulation either by extravasation of blood or by tight bandages has a marked influence.

In the early stages the patient complains of severe pain, which is perhaps due to tension, the result of the swelling, but in the later stages the affected area becomes completely numb and insensitive. The edges of the wound are generally ragged and sloughy, and a considerable quantity of bloodstained serum constantly exudes and soaks the dressings. This discharge emits a characteristic and most offensive odour which is so marked as to be almost diagnostic. The skin, if not previously discoloured by extravasated blood, assumes a dark purplish or slate-coloured hue.

In the vicinity of the wound it changes subsequently to a more green colour. The swelling extends coincidently with the change of colour, and a few hours later the skin becomes nearly black, and finally forms a black, leathery slough. Beyond the area of discoloration the limb is swollen with gas and fluid exudation, and an emphysematous cracking can be elicited on pressure with the hand. This may spread to a distance of as much as a foot above and below the actually gangrenous area, and so rapid is the extension of the gangrene that we have seen the whole of the lower extremity completely mortified before the end of the third day after the infliction of the wound.

**Condition of Patient.**

Temperature is not materially affected in many cases, and high fever is rare. A temperature of 99° to 100° is usual. Respiration is not materially quickened; headache is not complained of. The mind is perfectly clear till near the end. The pulse is not greatly quickened, but rapidly loses power, so that several of the patients we have seen have had no perceptible radial pulse. The heart's action is greatly weakened so that its beat is quite difficult to feel.

Vomiting is common and in many cases is frequent; diarrhoea is rare; sweating is not generally present, and before death the skin is cold; the tongue is usually covered with a dirty fur, but the mouth is not exceptionally dry. Death appears to be due to cardiac failure, and we have been struck by the extraordinary clearness of the mind of a patient, almost pulseless, and within an hour or two of his death. In the worst cases the gangrene may spread with such rapidity that the whole limb may be cold, of a purple or black colour, immensely swollen and quite devoid of all sense of touch and power of motion within thirty-six hours of the onset of the gangrene. The smell of such a limb is overpowering, and almost precludes a careful post-
mortem examination. If incisions are made before or after death gas and saniious fluid bubble up. Fis is confined to the edges of the wound, and is very little in proportion to the saniious discharge.

**PRACTICAL CONCLUSIONS.**

The practical conclusions we would draw from these observations are as follows:—

1. All tight bandages, and especially those applied at the first field dressing, should be avoided. Shell wounds are so often followed by so much interstitial hemorrhage that the part swells, and the bandage rapidly becomes tighter and interferes with the circulation. Consequently many bandages require to be cut within a few hours of their application.

2. In many cases the tension requires to be relieved by incisions and drainage, and the opportunity should be taken to wash the wounds thoroughly with an antiseptic. Hydrogen peroxide is one of the best. Great care should be taken to remove portions of clothing, as these contain the infective agent. Shattered fragments of bone and pieces of shell or gravel should be taken out.

3. Amputation may often be successfully performed through tissues made emphysematous by gas, but not yet gangrenous.

4. The group of anaerobes causing gangrene are spore-bearers, and spores (especially of this group of anaerobes) are especially difficult to kill by any antiseptic solution, or even by boiling. Consequently, in order to sterilize instruments and other things that have been infected, other measures are required.

(a) Destruction of blankets and clothing soaked by the discharge.

(b) Heating in an autoclave at a temperature of 120° Centigrade.

(c) Boiling for an hour in a solution of 1 in 20 carbolic acid or lysol (1 in 10).

It should be remembered that the mud on the clothes of wounded soldiers is almost certainly infected, and care should be exercised to see that the area in which operations or dressing of wounds are performed should be kept free from possible contamination from such a source.

5. Where possible, it is advisable to isolate patients under treatment in hospitals, and this is all the more necessary on account of the bad smell which is inseparable from the condition.

Gas gangrene is a condition which few nurses have seen, and it is therefore important for those going on active service, or nursing in military hospitals at home, to acquaint themselves with the foregoing facts.

**STATE REGISTRATION.**

Parliament has now adjourned until February 2nd, 1915, and we hope that all those who are interested in the progress of the Nurses' Registration Bill will lose no opportunity in the interval of drawing the attention of Members of Parliament to the very urgent necessity for legislation. Hundreds of trained nurses are seething with indignation at the manner in which their skilled work, and their uniform, have been annexed by amateurs, crazy for the excitement of "going to the front," and the manner in which their livelihood has been economically depreciated by the use of volunteer workers. The following outrageous advertisement appeared in the Times on Monday, which proves that the "society pirate" is prepared to pay for her amusement at the front as well as at home.

A FEW LADIES are INVITED to JOIN the STAFF of a CLEARING HOSPITAL for FRANCE. Must be willing to contribute £5 weekly to the upkeep of hospital.—Box 4127, The Times Book Club, Oxford Street.

Several trained nurses called our attention to this proposed "jaunt" in highly indignant terms. If, however, in the past their professional consciences had been more alive, they would have long ago compelled Parliament to protect the sick, especially our splendid sailors and soldiers, from the cruel exploitation of the amateur society nurse, who can now assume every attribute of the highly skilled worker, and undermine the prestige of her profession. We knew the day of reckoning would come. It is here to-day. Let us hope it will arouse thousands of nurses to actively support their own Registration Bill, and thus protect the sick and themselves from the dangers of the unscrupulous amateur.

On Thursday, November 26th, Mrs. Bedford Fenwick addressed the members of the Catholic Nurses' League in their charming club-room at 118, Victoria Street, London, S.W., on the subject of State Registration of Trained Nurses, when she explained the principles upon which the Nurses' Registration Bill was drawn. Miss Kirwin, who was a most genial chairman, invited questions at the conclusion of the address, and several were asked and answered. A vote of thanks to the speaker, proposed from the Chair, and seconded by the Secretary, Miss Campbell, formerly Matron of St. Vincent's Hospital, Dublin, was cordially carried, and then a dainty tea was served, and some of those present who had seen service in Belgium and elsewhere informally discussed their interesting experiences.
The 5th Southern General Hospital.

The 5th Southern General Hospital has been mobilized in the Girls’ Secondary School, Fawcett Road, Southsea, and in the Portsmouth Royal Hospital, and the Milton Infirmary. The nursing staff are billeted in the neighbourhood, as there is no sleeping accommodation for them in the building.

The Surgeon-in-Charge is Colonel Kyllin, R.A.M.C., a well-known and popular medical practitioner in Gosport, and the Matron, Miss K. A. Smith, Matron of the West Kent General Hospital, Maidstone, the Principal Matron being Miss Alcock, Matron of the Royal Hospital, Portsmouth.

At the present time the patients include not only British and Belgian but German wounded, among whom are a number of the Prussian Guard.

I learnt from the Matron that a number of the cases are very serious. Some of the spinal cases arrive with bad bedsores, which are extremely difficult to cure.

The great central hall of the school has been arranged as a large ward with four rows of beds, two arranged along the walls as in an ordinary hospital ward, and two up the middle, back to back, with an intervening space. The width of the ward is so great that there is ample room for this arrangement. The German patients are in a separate ward under guard, their officers being amongst the patients allocated to the Portsmouth Royal Hospital.

On the level of the floor above, a wide gallery runs round the great ward on all four sides. The Matron’s quarters are close to this gallery, and from this vantage point she can easily observe all that is going on. The importance of keeping complete control over all having access to the gallery will be readily appreciated, as the whole of the ward is overlooked from it. Opening on to the gallery are numerous small wards, which are used for British and Belgian officers, and also the operating theatre, which has been excellently planned and fitted. Divisions, consisting of partitions of asbestos set in wooden frames, have been erected to form anaesthetic and sterilizing rooms, leaving the theatre proper still spacious enough to allow of two operating tables being used at once, if necessary.

The annexes on this floor are very well arranged, and the instalment of the necessary pipes for new bathrooms and lavatories has been effected with the least possible disturbance to the structure by the ingenious and simple expedient of laying a second floor. One main pipe has been brought in, and all the necessary pipes are connected with this, and are laid over the true floor and under the temporary one. It is a device to be commended to the attention of those who have to convert public buildings into temporary hospitals, and who wish to do as little damage as possible in the process.

In visiting the Territorial Hospitals organized in various parts of the country in buildings not intended for the purpose, one is constantly impressed with the way in which the necessary alterations have been accomplished and the excellence of the results achieved, and one rejoices that the Territorial hospitals, with their 12,000 beds, and their highly trained nursing staffs, were arranged for in time of peace, and so at the disposal of the War Office, and capable of expansion, moreover, to meet the needs of the sick and wounded in the present war, a use not originally contemplated, but nevertheless urgent. In these days, when nursing standards are so belittled, one can point to the Territorial Hospitals as maintaining the three years’ term of training.
The following form the Nursing Staff under the Matron.

SISTERS.


NURSES.


THE KING AND HIS ARMY.

The presence of the King with his Army in the field, and His Majesty’s visits to the sick and wounded in military hospitals at the seat of war in France, have greatly delighted both officers and men of all ranks. It is now more than 170 years ago since the King of these realms was with his Army on the Continent.

When expressing to the authorities his satisfaction with the efficiency of the hospitals visited, His Majesty graciously added a special word in praise of the nursing staffs.

It will be remembered that Miss Thurstan was accompanied to Charleroi by Miss Elsie Bottle, Miss Grace Broadbury, Miss Astley Campbell, and Miss Esmée Sartorius. These nurses have just returned home after some hairbreadth escapes, having made their way through the German lines disguised as peasants. They left Charleroi on Tuesday, November 24th, arriving in London on the following Saturday. They had plenty of work, lived principally upon black bread baked once in ten days, and seem to have flourished upon it. They are quite ready for active service again as soon as the opportunity offers.
NURSING AND THE WAR.

WOMEN ORDERLIES.

"During the South African War, the women who called themselves nurses without having any claim to the title were the cause of many difficulties," says the British Medical Journal. "When the present War broke out, it was the determination of the British Red Cross Society and the Order of St. John of Jerusalem in England that, so far as they were able to prevent it, there should be no recurrence of the trouble. From the very beginning, however, many women have been applying for work as nurses whose only qualification seemed to be a strenuous desire to 'do something' for the wounded soldiers. They are women often of an emotional type, and it is to be feared that already some such people have obtained passports, and have wandered abroad, masquerading as nurses, and in all probability wearing the Red Cross badge. It has been dangerously easy up to the present for any woman to go out as a freewill in this way, but recently the Foreign Office has made some attempt—an imperfect though it be—to check such action. In order to find useful work for suitable women the two societies have arranged for the establishment of a special class of women to help in hospitals in this country or abroad. They will not be able, by any possibility, to consider themselves as nurses, but it is hoped in this way to provide an outlet for their energies. The women will be selected from the Volunteer Aid detachments of the two societies, and they will help in the work of the wards, in the kitchens, and in the store-rooms—their designation being that of 'women orderlies.' In this way, the use of the word 'probationer' will be avoided, and the untrained woman will have no ground for considering herself a nurse for wounded soldiers. A certain amount of training, however, will be necessary, and it will be required that each applicant should have served for a short time at least in a hospital. Those going abroad must have a working knowledge of French. The women orderlies will be drawn from the two societies in proportion to the number of women in the Volunteer Aid detachments, and all applications for work will be submitted to the committee of matrons at St. John's Gate."

We much regret that the official organ of the British Medical Association has not condemned this proposal. We hope the Matrons at St. John's Gate will have the moral courage to deal with it from a professional standpoint, and strenuously discourage what appears to us to be merely a subterfuge. It does not matter what title you give an untrained woman—so long as she is dressed up in nursing uniform and permitted to nurse our sick and wounded soldiers, she is employed on duties for which she is not qualified. In our opinion it is absolutely unjustifiable that brave men, whose lives and health stand between this Empire and annihilation, should have dangerously inefficient and incompetent nursing, when broken in our defence. We bitterly resent it.

The fact is that thousands of girls have recently paid for First Aid and Home Nursing Certificates, and have loudly clamoured for an equivalent for their expenditure. But the comfort, care, safety, restoration to health—maybe, the very lives of our troops—are a very stiff price to pay to quiet their emotional demands. Since the beginning of the War, thousands of sick soldiers have been subjected to unskilled nursing all over the country and abroad, through the maladministration of the British Red Cross Society, whilst thousands of trained nurses have been willing to tend them with skill and knowledge. We call upon the medical profession to make a stand against this morally misleading title of 'woman orderly,' used to cover unskilled nursing in military hospitals by persons wearing complete nurses' uniform.

The fact that the wounded men themselves are beginning to object to unskilled nursing is a hopeful sign. Several have already done so, and one said to us recently: "If I had been handled by a trained nurse my poor leg wouldn't have been in this mess. It was all along of a Red Cross miss dragging off my trousers instead of slitting them up. I know that much. What do they take us for?" What indeed!

THE DUTY OF THE MEDICAL PROFESSION.

Dr. N. A. Eddleston, of Whitley Bay, put the matter in a nutshell in the British Medical Journal, when he wrote: "At present with the war scare, women of any age, healthy or otherwise, are encouraged by press puffing to take a course of ambulance lectures, obtain by paltry examination an ambulance certificate, don a cap and apron (though they have never seen a patient), parade about the streets (nearly always in indoor uniform) and mystify the general public more than ever as to the true meaning of a trained nurse. In some instances they are even permitted to waste their own time and that of some hospital staff by doing a month's so-called training. These sentimental women, so misguided, actually imagine, in most cases, that they are prepared and fully ready for the front. Now what must women who have given years of their lives to hospital work think when they see a uniform (alone by right, and I have no doubt it would be so) if registration of nurses were only an accomplished fact, put to such a scandalous use? And we have the definite fact that many hundreds of trained women are waiting to work!"

The medical profession has a duty to the country in this connection, and in spite of social pressure we hope it will do its utmost to put an end to such a cruel wrong.

Of the numerous letters which have appeared on the subject, Dr. Eddleston's is the only one which appears to us to deal with it adequately. There is no question that so-called Red Cross Nurses, are running Red Cross Hospitals, with quite inadequate professional supervision, perhaps one trained nurse on day duty and none on night
duty. This is not the care to which our sick and wounded soldiers have the right, or which should be subsidized out of public funds, or countenanced by the medical profession. If theoretical lectures, and one month’s hospital experience, suffice to qualify a nurse for the care of sick and wounded soldiers, then suffice to qualify her for the care of the civilian population also, and the sooner nursing school authorities cease to require a prolonged term of training of their pupils and they are set free to earn their living the better. But, medical practitioners and nurses know that such training is not sufficient, and nurses look to the medical profession, which is so careful about the protection of standards of medical education, to help them to protect nursing standards which, both professionally and economically are being disastrously disintegrated at the present time.

The Salvation Army.

At the dedication of motor ambulances at the London Guildhall, provided by the Salvation Army for use at the front, Brigadier Mary Murray, who has just returned from the front, and who went through the Boer War, said she went out to the present conflict at the very commencement of hostilities. She and her assistants (she said) were prisoners in Brussels for twelve days, and from that time right up to the present they had travelled hundreds of miles with the troops. The trains sometimes contained 2,000 men, and a four hours’ journey took sixteen hours creeping and crawling, with no food, and often with no water to drink. Very often at midnight, or one o’clock in the morning, they would hear voices calling: “Any soldiers wanting food?” They then received a hunk of bread and a hard-boiled egg with joy. She had travelled up and down the lines of communication, and had been at the field bases and as near the firing line as any woman. She had met train loads of wounded men in cattle trucks, men lying on straw for three or four days. It was too much for any one, because it was War, and they had to do their best to meet the needs. Men were wounded in every conceivable manner, and some had not had their shirts off for five or six weeks. If they saw men who had had field bandages on for some days, they would realise the worth of ambulances to take them straight to the rear. She had been struck by the splendid courage of the women. One woman in Paris was selling vegetables in the street when an aeroplane passed overhead. She looked up, shrank her shoulders, and said: “Well, it’s no affair of mine.” She then went on selling her vegetables. The wit and humour of the men was very encouraging, and she doubted if they could get on without it. When two trains passed each other in a tunnel, they went very slowly, and a great deal of food was often passed to the men. As a train was passing a station, a soldier called, “Salvation Army! throw us some bread.” Staff Cap. Aspinall promptly raided the refreshment-room, without asking anyone’s leave, cleared everything, and threw the food into the train.

One of the most moving incidents of the War is related by Driver William Craven, 70th Battery, R.F.A. He describes how during an artillery duel in pitch darkness a shell from a German howitzer wrecked a lonely French farmhouse and killed all the family except a little girl of about seven years, whom he found just conscious. “Both her legs,” he writes, “had been blown away near the knees, and one of her arms was missing from below the elbow. The rain was coming down into the wreckage, and I took off my great-coat and wrapped the poor, moaning child in it. I sat down on the floor to hold her on my knee, and she just opened her eyes and gave me a grateful look. Then she moved her sound arm, and the next thing I found she had lifted something to my head and it slipped over my shoulders. Her arm dropped. She was dead. She had given me her rosary. I thought I had a heart of stone, but I cried like a child that night, and I wasn’t the only one.”

From Rouen, says the Journal, there comes a striking tale of plucky and prompt action on the part of a nurse. Dr. Sherington, the senior surgeon of No. 2 B.R.C.S. Hospital, tells the story, and it is vouched for by Lieut.-Colonel W. H. Whitestone, the Commandant. A patient suffering from a shell wound of the left arm had an attack of severe hemorrhage. Nurse Faulkner, B.R.C.S., was in the ward and at once applied compression to the subclavian artery. This she kept up till a surgeon could be procured, chloroform given, and the main artery tied. Nurse Faulkner’s cool and plucky action undoubtedly saved the man’s life. The compression of the subclavian artery is by no means an easy task.

Epidemic of Typhoid.

The public are indebted to Major Stedman, R.A.M.C., for directing attention in a letter to the Times to the epidemic of typhoid, with which the Belgian Army is threatened, and which, if left to develop as it is doing, will quickly sweep the remains of the Belgian Army from the field and incidentally carry a large part of the civil population of West Flanders and North-Eastern France with it. There are, he says, at a moderate estimate between twenty and thirty fresh cases daily without counting civilians who are already infected, and there is a case of typhus among them, and this, if possible, is worse than enteric.

Major Stedman states that (1) a hospital ship capable of taking at least 300 beds to deal with the cases already in Calais is required, and (2) a hospital of at least 600 beds, preferentially on Belgian soil near the sea and near a port.

It is satisfactory to learn that the Joint Committee of the Red Cross Society and the Order of St. John of Jerusalem have decided to make an immediate advance of £10,000 to be spent in Calais to combat the outbreak of enteric in the Belgian Army.
FRENCH FLAG NURSING CORPS.

The Irish and Scottish units have been awaiting orders to proceed to France, in London, for a week, and will leave on Saturday, December 5th. The Irish contingent are all members of the Irish Nurses' Association, and have recently attended in Dublin the classes of St. John Ambulance Association, and gained certificates for First Aid, a very useful course in addition to general nursing for those going on active service. The unit intends to prove the sympathy of Ireland with the sorrow of la Belle France, and also the fine quality of Irish nursing. The accompanying group has been taken in London, and will be greatly admired in Ireland, where much interest has been aroused in the work of the French Flag Nursing Corps.

The second Scottish unit has also been photographed in a charming group which we hope to reproduce next week. The members of both units were invited to tea at 441, Oxford Street, the hospital, the food is, as usual, excellent and "we have such a nice, clean, smiling orderly to wait on us." We are interested to note that English nurses working in France invariably remark upon the excellence of the food. Let us hope for the sake of patients in their own country they will try to acquire some knowledge of the art of cooking as practised with such great success by the French. For with them it is indeed a fine art, and marvellously conducive to good health.

Sisters Harris and Garner, R.N.S., are now working happily at Lisieux. The former writes that they were most kindly received, and their work is apparently much appreciated by doctors and patients, and it is most amusing to notice that everywhere "les Anglaises" appear, new brooms and cleaning apparatus appear too. The nurses are billeted in very nice houses near the town, the food is, as usual, excellent, and "we have such a nice, clean, smiling orderly to wait on us." We are interested to note that English nurses working in France invariably remark upon the excellence of the food. Let us hope for the sake of patients in their own country they will try to acquire some knowledge of the art of cooking as practised with such great success by the French. For with them it is indeed a fine art, and marvellously conducive to good health.
The British Journal of Nursing. December 5, 1914

The nurses seem happy at Bernay, where there are five hospitals. The Civil Hospital, which is the biggest building and worked by nurses, there are also Seminaire No. 17, the College, the Barracks, and No. 27 Temporary Hospital. Miss Ellison and Miss Haswell have already paid the staff at Bernay a visit on their way to Lisieux. Several of the nurses report the value of skilled massage. It is so much used in French hospitals, that those who have added a knowledge of this art to their nursing qualifications find themselves kept busy in applying it.

The ten nurses of Units VII and VIII who went to Caen had a wonderful reception. All the military authorities went to the station to meet them, so let us hope they may have early opportunity of doing all in their power for the sick.

**PRACTICAL POINTS.**

Miss Jessie F. Mackenzie, Superintendent, Provincial Royal Jubilee Hospital, Victoria, B.C., sends to The Modern Hospital photographs of a sideboard designed by her for the nurses' dining-room.

Each nurse has a number, and her napkin ring bears a corresponding number, as does also the round pigeon-hole in the upper portion of the sideboard. When a nurse enters the room she takes her napkin out of its hole, and replaces it on retiring from the room. The back of the napkin container is removable, which permits the round holes to be thoroughly cleaned.

Miss Mackenzie also sends a photograph of an emergency tray and dressing tray, with lists of articles these contain. An emergency tray is placed at the bedside of each patient, who has just returned from the operating room. The dressing trays are always kept in readiness, so that if a doctor has occasion to do a dressing he is not kept waiting.

**EMERGENCY TRAY.**

<table>
<thead>
<tr>
<th>Articles</th>
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<tbody>
<tr>
<td>Sponge forceps (2).</td>
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<tr>
<td>Bullet forceps.</td>
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<tr>
<td>Mouthing gag.</td>
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<tr>
<td>Tongue depressor.</td>
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<tr>
<td>Spoon.</td>
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<tr>
<td>Alchohol lamp.</td>
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<tr>
<td>Matches.</td>
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<tr>
<td>Cotton.</td>
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<tr>
<td>Sponges.</td>
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**DRESSING TRAY.**

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<tr>
<th>Articles</th>
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<tr>
<td>Thumb forceps (2).</td>
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<tr>
<td>Hemostat.</td>
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<tr>
<td>Scissors.</td>
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<tr>
<td>Kocher probe.</td>
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<tr>
<td>Tape sheet, small.</td>
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<tr>
<td>Cotton.</td>
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<tr>
<td>Sponges.</td>
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<tr>
<td>Towel, sterile (4).</td>
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<tr>
<td>Bandages.</td>
</tr>
<tr>
<td>Nitrate of silver stick.</td>
</tr>
<tr>
<td>Collodion.</td>
</tr>
<tr>
<td>Alcohol.</td>
</tr>
<tr>
<td>Adhes ve, sterile.</td>
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**LUMBAR PUNCTURE TRAY.**

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<th>Articles</th>
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<tbody>
<tr>
<td>Adhesive, unsterile.</td>
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<tr>
<td>Gloves.</td>
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<tr>
<td>Arisol powder.</td>
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<tr>
<td>Tobaco powder.</td>
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<tr>
<td>Iodiform powder in blower.</td>
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<tr>
<td>Benine.</td>
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<tr>
<td>Alcohol.</td>
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<td>Persol.</td>
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<tr>
<td>Iodin.</td>
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<tr>
<td>Paper bag.</td>
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<tr>
<td>Kidney basin.</td>
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**EYE COMPRESSION TRAY.**

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<th>Articles</th>
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<tr>
<td>Anatomical forceps (2).</td>
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<tr>
<td>Scissors.</td>
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<tr>
<td>Bath towel.</td>
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<tr>
<td>Surgical towels (3).</td>
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<tr>
<td>Eye pads.</td>
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**HYPOTHERMICUSIS TRAY.**

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<th>Articles</th>
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<tbody>
<tr>
<td>Glass percolator, 1,500 cc.</td>
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<tr>
<td>Glass graduate, 500 cc.</td>
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<tr>
<td>Pitcher, 2,500 cc.</td>
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<tr>
<td>Florence flasks, 1,000 cc. (2).</td>
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<tr>
<td>Kidney basin.</td>
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<tr>
<td>Hypodermoclysis needles, sterile.</td>
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<tr>
<td>Sterile sponges.</td>
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**NEUROLOGIC TRAY.**

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<th>Articles</th>
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<tr>
<td>Essence of peppermint.</td>
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<tr>
<td>Tincture of anesthetics.</td>
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<tr>
<td>Ammonia.</td>
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<tr>
<td>Sugar.</td>
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<tr>
<td>Pepper.</td>
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<tr>
<td>Salt.</td>
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<tr>
<td>Basins.</td>
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<tr>
<td>Electric battery.</td>
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<tr>
<td>Hot water in test tubes.</td>
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<tr>
<td>Cold water in test tubes.</td>
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**PREPARATION TRAY.**

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<th>Articles</th>
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<td>Ether.</td>
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<tr>
<td>Razor.</td>
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<td>Toilet paper.</td>
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<td>Towels (2).</td>
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**STOMACH TRAY.**

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<th>Articles</th>
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<tr>
<td>Stomach tube, with bulb.</td>
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<tr>
<td>Stomach tube, without bulb.</td>
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<tr>
<td>Funnel.</td>
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<tr>
<td>Round basin, sterile.</td>
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<tr>
<td>Round basin, unsterile.</td>
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<tr>
<td>Kidney basins (2).</td>
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**MEDICAL TRAY.**

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<th>Articles</th>
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<tr>
<td>Glass graduate, 500 cc.</td>
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<tr>
<td>Glass graduate, 1,000 cc.</td>
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<tr>
<td>Rubber sheet.</td>
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<tr>
<td>Glass of water and small tray.</td>
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<tr>
<td>White enamel pot.</td>
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**CATETER TRAY.**

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<tr>
<th>Articles</th>
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<tr>
<td>Small basin.</td>
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<tr>
<td>Sterile towels.</td>
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<tr>
<td>Sterile sponges.</td>
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**SMEAR TRAY.**

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<th>Articles</th>
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<tbody>
<tr>
<td>Slides, glass.</td>
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<tr>
<td>Copper wire loop, with solid glass rod.</td>
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**REFERENCES.**

THE CARE OF THE WOUNDED.

Under the patronage of the Queen and Princess Alexander of Teck, an afternoon concert in aid of the Queen's Canadian Military Hospital, Shorncliffe, will be held, by permission of Lady Markham, at 47, Portland Place, on Tuesday, December 15th.

The King has approved of the new Waterloo Hospital being called the King George Hospital, and also of the use of Dublin Castle as a hospital for wounded soldiers. It is understood that the latter will be in charge of the City of Dublin Branch of the Red Cross Society. Miss MacDonnell, R.R.C., who saw service in South Africa, will act as Matron. She was formerly a very popular Matron of the Richmond Hospital, Dublin.

part of Portsmouth, has been lent for the purpose and completely equipped with thirty beds.

Lord Kitchener has informed the Queen that the whole of the gift of Her Majesty and the women of the Empire has reached France.

The University College Hospital Branch of the Queen Alexandra Military Hospital, has recently admitted a number of wounded men. From various sources we learn how terrible are the wounds of many now arriving from the front. Poor fellows! Shattered many of them, physically and mentally. We feel sure they will have the best of care at University College Hospital.

By the kindness of the British Australasian, we

THE AUSTRALIAN VOLUNTARY HOSPITAL NEAR BOULOGNE.

From a photograph taken by Captain Herschel Harris.

The King and Queen, being unable to visit the wounded soldiers in Scotland, have sent the Right Hon. Sir Frederick Milnor to convey to the men in hospitals at Glasgow, Edinburgh, and Aberdeen their sympathy and appreciation of their brave deeds at the front. Each soldier received a tin of cigarettes and a pipe.

Lady Meux, wife of Admiral Sir Hedworth Meux, Naval Commander-in-Chief at Portsmouth, on Saturday opened a new auxiliary military hospital organised by the local branch of the St. John Ambulance Association. A large private residence (Oatlands, Kingston Crescent) in the northern

are able to publish the accompanying picture of the Australian Voluntary Hospital, which has rendered splendid service since its transference to Wimereaux, about four miles from Boulogne. The hospital, which is located at the Golf Hotel, has a magnificent view of the English Channel, the cliffs of Dover being plainly seen on a clear day. The day after the arrival of the hospital, 170 wounded were sent in, and our contemporary says that the arrival of the Australian motor ambulances, with their fierce and brave wounded from the trains coming into Boulogne, is a sight that should make all Australians feel proud of the service their country is doing.
The amount of money required to equip the Glamorgan and Monmouth Hospital for the French Army has now been obtained. The movement was initiated recently by Mrs. De Guelis and a committee, and we are informed that £2,000, which was required has been promised. Dr. H. G. Cook has consented to go out in charge of the hospitals.

We always prefer to give our largesse where we know how it is being spent, and are not in sympathy with the monopoly of funds for the care of the wounded, advanced by the British Red Cross Society, whose nursing organisation has always left much to be desired. Sir George T. Beatson has also claimed in Scotland that all funds subscribed would be better given to the Red Cross Society, a claim which we hope will not stop generous support being given to the Scottish Women’s Hospital, which is being organised for foreign service by the Scottish Federation of Women’s Suffrage Societies, in a body we feel sure, which would be very careful in the selection of its personnel. Speaking at a meeting at Glasgow last week, Colonel J. M. Penny, who presided, said:—“The outstanding feature of their detachments was that the doctors, nurses, and cooks were all women. Their funds at present were somewhere in the vicinity of £6,000. They intended to work three detachments—one for Servia, a district where ambulance work must be very much wanted; one for France; and one for Belgium. It was quite true that in a sense this was not an official expedition, but it was an expedition which was very cordially recognised by the Queen of the Belgians, and it was working under the auspices of a very celebrated Belgian savant.”

It is a pity that the War Office has not recognised the services of medical women in this War. The Women’s Hospital Corps, under the direction of Dr. Louisa Garrett Anderson and Dr. Flora Murray, have just done splendid work, both at Paris and at the front. Dr. Elsie Inglis and Dr. Louise McIlroy, who are actively connected with the Scottish Women’s Hospital, will add, we feel sure, to the lustre of the work of medical women on active service when they once get there.

The British Medical Journal gives some interesting details of the Russian Red Cross which is a permanent organization controlling the ambulance work in the actual sphere of operations. It has first aid stations behind the firing line, and field hospitals for further aid, and for the seriously wounded and those not fit to be moved. The nurses are called Sisters of Charity, but are not nuns; they take no religious vow but give their lives to nursing, receiving only food, clothing, and lodging. The Sisters are trained for two or three years before they are allowed to wear the Red Cross emblem. Even the well-to-do prefer to be attended by the Sisters of Charity. In the event of war the nuns of such convents as the Martha Maria at Moscow, founded by the Grand Duchess Serge, Sister of the Czarina, offer their services.

The organization of the ultimate care of the wounded was too great a task for the already overburdened departments of the Government. In the Japanese war a League of County Councils (Zemstva) had been created and done good service under Prince G. Lvov, and Mr. A. Cuchkov, president of the Duma. The Government has asked the League to take over the whole of the care of the wounded in the interior, and the Zemstva assigned £600,000 to their own individual work and an equal sum to the League as a whole. This and other official bodies were co-ordinated by a central Red Cross Committee in Moscow. Fifty hospital trains are being equipped by the Zemstva League.

It can well be imagined how much the wounded soldiers arriving in this country by the ambulance ships of which there are now eight, need warm clothing, and the Hampshire Branch of the British Red Cross Society is making an urgent appeal in this connection. The superintendent of the clothing store of the branch writes:—“Garments most urgently needed are flannel day and night shirts, ordinary shape (not those opened from shoulder to waist). The sisters’ time is so valuable owing to the number of patients it is requested that all those who kindly make shirts, &c., will put buttons on and not tapes; the same applies to pyjamas, dressing gowns, &c. Pyjamas to be made of dark grey or blue material, so that they may be also used as suits by men sleeping on deck. Winter vests, pants, muffles, caps, socks, bed socks, handkerchiefs, slippers, crutches, and sticks are all necessary and urgently needed. I wish I could convey, but I cannot express in words, how thoroughly everything is appreciated, and how very grateful our poor wounded men are to the kind givers.”

All parcels should be addressed care of Major Anderson, R.C.M.C., Red Cross Hospital, Southampton Docks.

The Servian Legation reports that new Red Cross units which arrived from the United States of America have left London for Nish.

It was one of those happy inspirations which seem to come so naturally to our American friends to send across the Atlantic the Santa Claus ship Jason, bearing Christmas gifts and messages to the children of our fighting men, and also for France, Belgium, Germany, Austria, Serbia, and Montenegro. A separate gift will be sent to Russia via Siberia. When the Jason came to anchor at Devonport Lord Beauchamp, Lord President of the Council, and Mr. E. D. Acland, Under Secretary for Foreign Affairs went on board and officially, on behalf of His Majesty’s Government, and unofficially, we are sure, on behalf of the children to whom its cargo is consigned, welcomed the ship.
THE ORDER OF THE HOSPITAL OF ST. JOHN OF JERUSALEM.

The badge, which we have here the pleasure of reproducing, is that which has been decided upon for the trained nurses and members of the Voluntary Aid Detachments, working under the Joint War Committee of the Order of St. John of Jerusalem and the British Red Cross Society. As will be seen, above is the eight-pointed cross of the Order of St. John, carried out in white on a black ground. Below is the Geneva cross, carried out in red on a white ground. The nurses will wear the badge on the cape of a grey cloak, which, with a black bonnet with black strings, is the uniform adopted.

Request from the Front.

The following list of articles has been asked for by the Chief Commissioner of the Ambulance Department of the Order of St. John at the seat of War, as absolutely necessary for our soldiers and sailors:

Clothes for Officers, such as khaki shirts (assorted sizes, with collars), khaki ties, thin merino vests and drawers, brown boots (assorted sizes), putties, khaki tunics (thick and thin), fine sheets, pillow-cases, feather pillows.

Safety razors, soap, shaving brushes, writing pads, envelopes.

Tobacco: 1,500 lb. Navy cut medium, in 1 lb. tins, 500 lb. Craven or similar mixture, 100 lb. shag, 5,000 cheap cigarettes (e.g., Woodbine), 5,000 Turkish or Egyptian cigarettes, pipes.

1,000 lb. chocolate, 1,000 lb. sweets (not in boxes).

Sets of surgical instruments, field pansies, operating clothes and aprons, various anti-toxins, cau-de-cologne.

Thousands of kit bags, marked on the outside with a red cross and the words "St. John Ambulance Association," and containing one brush and comb, soap, toothbrush, safety razor, shaving brush, small towel (14 in. by 12 in.), toilet paper.

The above list is supplementary to those previously published. Any contributions of articles included therein should be forwarded, carriage paid to the St. John Ambulance Warehouse, 56, St. John's Square, Clerkenwell, London E.C.

Miss C. H. Keer, R.R.C., late Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service, is taking over the work of Miss McCall Anderson at St. John's Gate, who will shortly leave to take charge of the Indian Hospital at Brockenhurst.

The following nurses have been sent on active service:

The Duchess of Sutherland, Dunkirk.—Miss Went.


Hotel Windsor, Donard.—Misses A. Mortiboy, C. Williams.

Hôpital Militaire Anglais, Nevers.—Miss C. Smith, Miss E. Hogan, Mrs. O. Holmes, Mrs. C. Weedon, Mrs. F. Hadley, Misses F. Carter, A. Gorrnue, K. Harris, A. Lewis.

C.A.M. C. de l'A. des C. Anglais, Dunkirk.—Misses E. Rackham, B. Smalley, M. Hunt, E. Lamrock.

The following nurses have been supplied to home hospitals:

G.I.D. Hospital, Southsea.—Miss Eyam.

Newton Park, Bath.—Matron, Miss Thelwall.

The following nurses have been supplied to Military Auxiliary Hospitals through the Office of the British Red Cross Society, 83, Pall Mall, as under:

Stourminster Marshall.—Miss Turner.

Timbridge Wells.—Miss Maloney.

The Close, Winchester.—Miss Sharman.

Mrs. Claude W'aton's Hospital for Officers.—Miss Smedley and Miss Berrill.

To Miss Butler, Exeter.—Miss Davidson and Miss Sinclair.

Yeovil Penn Mill.—Miss M. Cooke.

Indian Hospital, Brighton.—Misses Gray.

Hunter, Cooper, Costello, Farrell, Frost, McNulty, Pearce, Roberts, Roe, Sayer, Skinner, E. Walton.

Liverpool.—Miss Tunbridge.

Basingstoke.—Miss MacDonald.

Clevedon.—Miss Arnold.

Bedford—Miss Sapworth.

Miss Long will be in charge of the nursing staff on the hospital train about to be despatched.
**APPOINTMENTS.**

**MATRON.**

Yarnfield Hospital, Near Stone, Staffs.—Miss Mary G. Currie has been appointed Matron. She was trained at the Western Infirmary, Glasgow, and the City Fever Hospital, Belvidere, Glasgow, and has been Assistant Matron at Garforth Hospital, and Matron of the Isolation Hospital, Crewe, and the Isolation Hospital, Bournemouth.

**NURSE MATRON.**

Infectious Diseases Hospital, Chester.—Miss Lilian Toft has been appointed Nurse-Matron. She was trained at the Fulham Infirmary, Hamilton, and has been Sister at King's Norton Infirmary, Birmingham, Night Sister at Sanitary Hospital, Bournemouth, and Sister of Enteric and Diphtheria Wards, Chester.

**NIGHT SUPERINTENDENT AND HOME SISTER.**

General Hospital, Bristol.—Mrs. Beatrice Margrave has been appointed Night Superintendent and Home Sister. She was trained at Swansea General Hospital and Queen Charlotte's Hospital, and has been Sister in the Casualty and Out-patients' Department, Deputy Theatre Sister, Sister of the Children's Ward, and of the Women's Surgical and Gynaecological Wards and Temporary Assistant Matron at the Swansea Hospital.

**NIGHT SISTER.**

Beckett Hospital, Barnsley.—Miss Fanny B. Wood has been appointed Night Sister. She was trained at the Salford Union Infirmary; and has been Staff Nurse at the Beckett Hospital; she has also done private nursing; and holds the certificate of the Incorporated Society of Trained Nurses.

**SISTER.**

Alexandra Hospital for Children with Hip Disease, W.C.—Miss Edna Collins has been appointed Sister. She was trained at the Poplar and Stepney Sick Asylum, and has been Sister, Theatre Sister, and Night Sister in the same institution. She has recently been engaged in private nursing.

**SCHOOL NURSE.**

Scarborough Education Committee.—Mrs. Annie J. Nixon has been appointed School Nurse. She was trained at the Beckett Hospital, Barnsley, and at the Liverpool Maternity Hospital.

**HEALTH VISITORS.**

Somerset County Council, Weston-super-Mare.—Miss H. E. Ingram, of Lees, near Oldham, and Miss Martha J. Lewis, of Delabole, Cornwall, have been appointed Health Visitors.

County Borough of Northampton.—Miss Lilian M. Islip and Mrs. M. Holland have been appointed Lady Health Visitors. The former was trained at the Hammersmith Infirmary, W.

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

Transfers and Appointments.

Miss Lucy Hopwood is appointed to Buxton (Senior); Miss Ethel F. Chapman, to Nelson; and Miss Alice Walmsley, to Newton-le-Willows.

**MEDAL FOR MADAME POINCARÉ.**

The Dean of the Bordeaux Bar recently presented Madame Poincaré with a medal and an address expressing their pleasure and pride that Madame Poincaré should have chosen the hospital founded by the Bar to undertake, in the modest rôle of a simple nurse, the task of daily lavishing the most attentive care upon the wounded sons of France, and also expressing their gratitude and that of the wounded for her kindness.

**SISTER JULIE HONOURED.**

During the recent visit of M. Poincaré, the President of the French Republic, and the high officers of State to the French Army at the front, he, at the request of the Prefect of Department, announced his intention of conferring the Legion of Honour upon Sister Julie, the Superior of the Hospital at Gerbéviller. This lady has already been mentioned in an army order for having, by her presence of mind and courage, defended and saved the hospital, which had been transformed into an ambulance station, and for securing food for the wounded occupants during the bombardment.

**THE PASSING BELL.**

It is our sad duty to record the death of Miss Eileen O'Gorman, the respected Matron of the Ilkeston Hospital, of whom it may well be said that she gave her life for her country. When war broke out she was called upon as a member of the Territorial Force Nursing Service, and was stationed at the new Southmead Infirmary, Bristol, known as the Second Southern General Hospital. Recently she became ill and her case was diagnosed as appendicitis and acute peritonitis. An operation was performed, but proved unavailing. The death of Miss O'Gorman has caused much grief at Ilkeston, especially amongst the nursing staff.

The death occurred on Sunday, under sad circumstances, of Miss Lily Ernst, a hospital nurse and a Swiss subject, who was knocked down by a motor car at Hyde Park Corner, and died shortly afterwards in St. George's Hospital. The chauffeur of the car has been charged with manslaughter.

**FRENCH LESSONS FREE.**

The Hon. Mrs. Harold Nicolson has arranged French classes for English nurses and soldiers ignorant of any language than their own, to be held free of charge at Marble Arch House daily from 10 a.m. to 1 p.m., and again from 3 p.m. to 6.30 p.m. The following are qualified to apply for instruction:—Officers, men, hospital nurses, doctors, surgeons, hospital attendants, likely to be detailed for service on the Continent or having French or Belgian sick or wounded in their care in England.

All applications, which should state clearly name, address, number of pupils, and days and hours preferred (each lesson to last one hour), should be sent to the Hon. Mrs. Harold Nicolson, 182, Ebury Street, London, S.W.
NURSING ECHOES.

One of the most important and responsible positions in the nursing world is that of Head Sister in Queen Alexandra’s Royal Naval Nursing Service. Many of our readers will be glad to have the portrait of Miss Evangelina E. Harte, Senior Head Sister in the Royal Naval Nursing Service, now stationed at Plymouth. Miss Harte received the Royal Red Cross in 1909 for special devotion to the sick and wounded, and is wearing the embroidered badge distinctive of Sisters in the Royal Navy, which we described in detail last week.

The trustees of the late Miss Maria Merier have decided to make a gift of £1,000 for the Endowment Fund of the Great Harwood District Nurses’ Institute, and a similar sum is to be given to the Nursing Institutes at Rishton, Accrington, and Blackburn. This is a wise decision; more money might well be willed to District Nursing Associations: it greatly benefits the poor.

We hear that in a private hospital where wounded officers are received, the lay Lady Superintendent proceeds round the wards with a money box, and inquires who will give her something for her poor nurses? Donations from grateful patients pour in, from a source from which we consider they should never be invited.

A Departmental Committee, which has been enquiring into the working of the National Insurance Act, states in its report, issued on Monday last:—“We have received evidence to the effect that the institution of a system of nursing for insured persons would tend to shorten sickness claims. We recommend that any nursing service for insured persons should be correlated with the administration of medical benefit under the Act.” While the Insurance Bill was before Parliament trained nurses pointed out the benefit of a standardized Nursing Service.

From time to time the grievances of the Oldmill Hospital Nursing Staff (Aberdeen) crops up, and one wonders why the authorities do not listen to complaints and remedy them. Instead, we have long letters in the local press, and numerous excuses for a condition of things which to the modern nursing world appear to be archaic. The truth is, the nursing staff needs substantially increasing, so that hours on duty may be decreased. As nurses are the only class of workers who have a seven-day working week, it should certainly be possible for them to attend a place of worship every Sunday, if they so desire, outside the gates. We are tired of reading long, inspired letters in the Aberdeen press of excuses for failing to treat Oldmill nurses with justice and consideration. It is high time things were put on a generous working basis, and grievances removed.

Miss M. E. Butcher offers suggestions in the Nursing Journal of India for an ideal nurse’s uniform for Indian Nurses:—White calico or other opaque Indian cotton cloth frock, made all in one, gathered into yoke neatly finished with its own turned-down collar, and sleeves also gathered into a narrow band just above elbow, a loose band round waist, and skirt several inches from the floor. Preferably to be worn without an apron, and changed daily at least. A handkerchief cap of muslin; it may be tied on by two corners under the flap at the back—or as it is required in the Punjab for a respectable girl to cover her ears, the native silver or metal curve used for chadars can be folded in the top corner and keeps it in place; two corners allowed to fall on to the shoulders and one down back. This costume combines freedom of movement, asepsis, and coolness in great heat; and any amount of necessary under-clothing can be worn under it in the cold. It is decent in every way; it has few buttons to come off, and no possibility of parting at waist; it is easily washed and boiled, and consists of only two pieces. Waistband being permanently adjusted, this is necessary to prevent tripping...
in ascending stairs or dipping on the floor when stooping. As to its being Indian, "it is," says Miss Butcher, "very slightly altered from one in use, as I have seen, by the women of some hill tribes of the North, only theirs were in colour, and it is very becoming."

Miss Ada Newham, a trainee at the Moorooopna Hospital, Victoria, Australia, won the prize given by Miss Gretta Lyons in September for an excellent essay on phthisis.

The Annual Meeting of Associations of Poor Law Unions met at the Connaught Rooms last week, when the Chairman, Sir John Spear, M.P., said that the great work of the Association was the considerate, humane, yet economic care of the poor. Considering the crisis the country was passing through, it was satisfactory that there was little abnormal distress, such as would fall to the lot of Boards of Guardians to relieve.

HOME FOR RETIRED NURSES.

The Scottish Committee of the Nurses' Memorial to King Edward VII have opened a Home for Retired Professional Nurses at Nos. 7 and 9, Chamberlain Road, Edinburgh. Intending inmates should make application personally or by letter to the Hon. Sec., R. K. Blair, Esq., W.S., 10, Ainslie Place, Edinburgh, or to any of the Matrons of Hospitals in large towns in Scotland.

LEAGUE NEWS.

The Committee of the City of Westminster Nurses' League will be at Home on Monday, December 7th, at 4 p.m., to members of the League, who are invited to bring a friend. A lantern lecture on "Some Aspects of the War," will be given by the Rev. R. Waldron at 5.30 p.m., and it is hoped that as many members and associates as possible will attend.

The following resolution, passed at a General Meeting of the General Hospital, Birmingham, Nurses' League on November 28th, accompanied by a most kind letter from the President, Miss E. M. Musson, has been received by Mrs. Bedford Fenwick, President of the National Council of Trained Nurses of Great Britain and Ireland:—"That the best thanks of the General Hospital, Birmingham, Nurses' League be given to all those who so kindly came to read papers on various subjects at the Conference organized by this League under the auspices of the National Council of Trained Nurses of Great Britain and Ireland in June of this year."

BOOK OF THE WEEK.

**"THE LONELY PLOUGH."**

This charming Westmoreland story cannot be commended from every point of view. It is full of varied interest as a work of fiction, and its descriptive and imaginative flights hold and captivate the senses. At times humorous, always tender and sympathetic, "The Lonely Plough" leaves little to be adversely criticised and nothing to be added to.

The charm of the countryside, so evidently a part of the writer, extends to the reader also, which is in reality the work of the true artist—that of creating atmosphere.

The way Lancaster, agent to Lord Bluecaster, describes what the smell of a bonfire conveys to him is a gem in itself.

"That's real back end," he exclaimed. "Unless you've lived in the country all your life you can't know what it means. You need only shut your eyes and it paints little pictures for you. I can see things I loved when I was a boy, shadowy autumn evenings, driving home with my father from Witsam, the long white road, the black hedges, and the dim land. Children running on to bed, and the cattle close against the fences, and no birds singing—all the half-things resting. The horse's hoots going clip-clop, a bit tired, and myself resting under my father's elbow, half-asleep. The smell of bonfires all the way, frost coming, leaves dropping, the lights showing one by one, and then the quiet night. The smell of bonfires all the way, and then—home."

One can so well understand the independence and resentment of Franchise Dockey, when the old man Whinnerah attempts to bring to a head the courtship between her and his son Lup, thereby wrecking the happiness of many persons and bringing tragedy into their lives.

"'If you're courtin' you're likely thinkin' to get wed. What's to hinder? The farm's ready and the lad.'"

"'Ay, but not the lass,' says she spirtily like. 'The right time's my own time, and I'll come when I choose.'"

"'You'll come when Lup chooses,' I said, fair loosing my temper out and out. 'Tell her that, my lad. Tell her she'll come when she's fetched.'"

"With that she took herself off, and after a minute Lup up and followed her. He didn't come home one morning—and after that it was Canada.'"

We can also thoroughly sympathise with Lancaster's anger when his dreamy enjoyment of his evening stroll in his favourite lane was rudely interrupted by the new neighbours from Manchester. The dancers, closely clasped in each other's arms, executed a series of intricate steps from hedge to hedge. They wore dinner coats and evening pumps, their heads were bare. With them was a girl.

December 5, 1914

The British Journal of Nursing.

LETTERS TO THE EDITOR.

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

OUR PRIZE COMPETITION.

To the Editor of The British Journal of Nursing.

Dear Madam,—Herewith I have knowledge with many thanks the cheque for 5s. that arrived this morning. I am giving it to the fund that provides medical stores for the Territorial’s here. I am doing the out-patient work for them and find it most interesting.

Yours truly,

Dora Vine.

Eversley, Exmouth.

HINTS TO HOSTESSES.

To the Editor of The British Journal of Nursing.

Dear Madam,—In reply to “A Hostess” in to-day’s issue of The British Journal of Nursing your correspondent has forgotten two or three important items from the nurses’ point of view. I am not a nurse myself but a patient who unfortunately—or I should say fortunately for my well-being—has had many nurses and so am competent to judge from a broad outlook. Patients and their friends expect nurses to be infallible. Why? They are “just women,” and very good ones, most of them.

A certain little venial fault can so easily be overlooked when the big virtues stand out so prominently. I would like to point out to “A Hostess” that in all well regulated households the footman or parlourmaid sweeps up the crumbs after meals and so one does not really see how many crumbs the “guests’” drop, unless they crawl under the table to count them, which might of course be the custom in “a Hostess’ large country house, but isn’t usual. Naturally there is more damage done in the establishment when it is turned into a hospital for wounded soldiers than when entertaining week-end friends. In justice to a big and valuable class of patient and unselfish women, I hope your readers will agree with my views.

Yours truly,

A. J. M. J.

To the Editor of The British Journal of Nursing.

Dear Madam—In last week’s Journal that “A Hostess,” no doubt with the best intentions in the world, is kind enough to suggest we matrons do not train our probationers in the way they should go. Her remarks have not miffled me, as indeed I realise there is much truth in them. Many probationers of to-day are extraordinarily untidy, not to say slovenly in their personal habits; and it takes a Matron all her time inculcating neatness and a love of order in many of them. Might I suggest to “Hostess,” that, if mothers in all classes of life, “gentlemen’s”
wives as well as others less advantageously housed, would teach their daughters from their youth up, good and industrious habits, we Matrons should be saved an enormous amount of trouble in breaking probationers of idle and thriftless ways, including the care of their bed-rooms, personal neatness (such as well brushing and keeping tidy their hair—often greatly neglected and indecorously dressed), good manners at table, care of table-linen, floors and furniture. It only mothers would send as refined and womanly girls to train, how happy should we Matrons be!

Yours truly,

Poor Law Infirmary Matron.

AMATEUR NURSES FOR THE TROOPS.

To the Editor of The British Journal of Nursing

DEAR MADAM, I have heard of several girls who have gone to the front, after having only taken their certificates for Red Cross lectures.

On one occasion the girl in question obtained her passport on the excuse that she had left some luggage in Paris; another said she wanted to cross to her wounded father by any excuse suffices. One girl about whom I have heard is only 20. She was left in charge of over 50 men and has been backwards and forwards alone with the wounded on several occasions. She is untrained. I have been told this in confidence by her friend so must not disclose the name. Lady Diana Manners, who is now taking a three months' course at a London Hospital, is about to cross with two girls similarly trained and one who has only attended the Red Cross lectures. She is financed by friends and is going to open a hospital, I think, at Dieppe!

What can these fashionable and untrained girls know of nursing. Will not their very presence at such a time be a great source of danger?

Many of these young girls thirst for excitement, and now that there is a lack of that in their own country, they seek it amongst our wounded at the front.

We, who have been through years of training and have had much experience, feel this is a matter which needs looking into by someone with influence.

Believe me,

Yours faithfully,

Assistant Superintendent.

REGISTER UNIFORM.

To the Editor of The British Journal of Nursing.

DEAR MADAM,- In your Journal of November 7th I notice a letter published by Miss Beatrice Kent to Lord Kitchener. She wisely and rightly protests against the indiscriminate selection of all sorts and conditions of women to nurse the sick since the War broke out. She asserts that "State Registration of Nursing would prevent all this kind of irregularity."

Do you not think that it would be a step in the right direction to register the uniform? Registration of the individual will never prevent women with means and influence from going to the front in times of war and excitement, but they ought to be prevented from masquerading in our hard-earned uniforms and wearing an emblem (the Red Cross) so sacred to all earnest workers.

Yours faithfully,

A Reader.

REPLIES TO CORRESPONDENTS.

Superintendent (London).—The War Office has notified that the maximum weight of a single parcel for parcel post is at present limited to 7 lbs. Heavier packages can still be sent, care of the Military Forwarding Officer, at Southampton.

Sister (Birmingham).—The minimum qualification for the French Flag Nursing Corps is a three years' certificate in a general adult hospital or nursing of good standing. Massage is an invaluable additional qualification, also a knowledge of French. Age preferred from 28 to 30. Earnest women, not seeking excitement, but willing to be helpful, and who can realise the tragedy of War, are those selected for this Corps.

E. M. W., London.—The price of the "Medical Dictionary for Nurses," by Miss A. E. Pope, published by Messrs. G. P. Putnam's Sons is 3s. 6d.

OUR PRIZE COMPETITION.

QUESTIONS.

December 12th.—What is acute nephritis? Name two causes. Outline briefly the treatment?

December 15th.—When is drainage used and why? (a) Name four methods and material that may be employed.

December 20th.—Define the words (a) sterilise; (b) asepsis; (c) disinfectants; (d) sterilization; (e) what is most effective?

NOTICE.

We regret that in the notice of Miss A. E. Pope's "Medical Dictionary for Nurses," which formed the subject of our review last week, that the printers should have dropped out the first figure of the price. This has been fixed at 3s. 6d., and we can sincerely say it is cheap at the price. It is published by Messrs. G. P. Putnam's Sons, 24, Bedford Street, Strand, W.C.

NEW SUBSCRIBERS.

The Editor hopes that every reader who values The British Journal of Nursing will encourage her friends to subscribe for it, so that its constructive work for the profession may receive ever increasing support. Don't forget that it is the only weekly journal edited by a trained nurse, and which supports (1) an efficient standard of Nursing Education, (2) State Registration of Nurses, and (3) Just Economic Conditions for Nurses.
A TEXT BOOK FOR MIDWIVES.

Dr. John S. Fairbairn, F.R.C.P.; F.R.C.S., Obstetric Physician at St. Thomas' Hospital, and physician and general lecturer to midwives at the General Lying-in Hospital, York Road, London, S.E. &c., is to be warmly congratulated on the "Text Book for Midwives," recently published by the Joint Committee of Henry Frowde and Hodder & Stoughton, Oxford Press Warehouse, Falcon Square, E.C., price 10s. 6d. net. The author by an association of over twelve years with midwives as teacher, examiner, postgraduate lecturer, and medical colleague, is well acquainted with their needs and aspirations, and although he states in his preface that the text book contains more than has hitherto been considered necessary for midwives, and is open to the criticism of going beyond what is required by them and of them, yet he holds that those who know the more advanced school of practising midwives will make no demur. That school is possessed with an insatiable thirst for knowledge, and is rarely content with what has hitherto been given in books written solely for midwives. He writes further that the book is his contribution towards meeting the legitimate aspirations of the midwife for a higher professional education.

The book is arranged in nine parts, with many sub-divisions: 1. Anatomy and Physiology; 2. Pregnancy; 3. Labour; 4. Abnormal Presentations; 5. Abnormal Labour; 6. The Puerperium; 7. The Infant; 8. Hygiene and Disinfection; 9. Midwives' Duties. There is also an Appendix dealing with note taking, weights and measures and drugs, a glossary of terms not explained in the text and a comprehensive index. There are also numerous and excellent illustrations, true being in colour.

It is quite impossible to comment on all the subjects dealt with in 284 closely-written pages. The object of this review will therefore be to draw attention to points on which little stress is laid in the ordinary manuals for midwives, and first in this order comes that of "Bacterial Infection." A clear elementary knowledge of this subject is essential for a midwife; without it she must be regarded as unstable. Yet the author writes: "Every examiner at the Central Midwives Board has had experience of the extraordinary ignorance exhibited by candidates as to what bacteria are, and what they are like. A candidate will say that bacteria are 'just germs'; whether animal, vegetable or mineral she is uncertain; all she knows is that the trouble in antiseptics is necessary to prevent them appearing from somewhere or other. If the midwife is to carry out intelligently the methods of preventing bacterial infection she must know more than this, and this brief account of the characteristics and mode of growth of the more important varieties of bacteria is given as the minimum of knowledge necessary for the well-trained midwife." Then follows a lucid description of bacteria, their method of growth and multiplication, and the difference between the putrefactive and the disease-producing bacteria, but as it is impossible to describe all of them the author confines his attention to those which specially concern midwifery practice, the pyogenic cocci, as they give rise to the most serious forms of puerperal fever.

"The cocci commonly found in the septic infections of child-bed are the streptococcus, the staphylococcus and the gonococcus." The last-mentioned merits consideration as the cause of ophthalmia in the newly born.

The author concludes an illuminating chapter with the words: "The work of the bacteriologist in discovering how to increase the resistance of the blood and tissues to bacterial infection, and produce immunity, and how to destroy the poisonous effects of bacterial toxins, has led to some of the greatest advances of modern medicine, and much more is to be hoped for in this direction."

Under the management of normal pregnancy we read: "All women pregnant for the first time should be carefully observed during the last two or three months of pregnancy. They are more liable to certain complications, and also there is no history of previous labours to guide the attendant as to what is to be expected. In all cases it is advisable to make an examination a few weeks before labour is expected in order to determine how the child is lying, and whether the head fits the brim, and generally to detect any abnormality that may call for medical aid."

A chapter is devoted to the investigation of a labour case, including the diagnosis of the onset of labour, and of the presentation and position; also the methods of making abdominal and vaginal examinations.

The author describes abdominal examination as "the most important part of the examination of the patient in labour, and with practice it will be found that earlier and fuller information can be obtained by it than by vaginal examination, while it has also the further advantage that it can be repeatedly carried out without incurring any risk of infecting the patient. Hence every opportunity must be taken to acquire sufficient skill in abdominal palpation to enable the midwife to rely on it as the best means of discovering the presentation and position of the fetus." The methods employed are then described in detail.

The duty of the attendant on an obstetric case is summed up as including the use of "every
meas to prevent any chance infection of the patient. This can only be done by making the surroundings as little likely to be a cause of infection as the circumstances permit, and by taking care that whatever the surroundings nothing enters the vagina which is not in the strictest sense of the words surgically clean, and that everything about the vulva is kept so clean that no infection will spread upwards from there."

Concerning the management of the lying-in mother the author writes that "the first thing that the midwife must recognise in regard to the lying-in mother is that although she is not a sick woman she may readily become one, and that the interior of the uterus may be easily infected if there is any relaxation of the precautions against sepsis. Though septic infection is the chief and greatest danger there are other troubles which must be guarded against, and in every case the attendant must keep her patient under the most careful observation so that early warning is obtained of any trouble.

The chapter on complications of the puerperium, including puerperal infections should be carefully studied, and those on the infant, including physiology, management, and artificial feeding, the management of premature and weakly infants, infection of the eyes, and skin affections, including congenital syphilis, and pemphigus are specially valuable.

Concerning the midwives' bag the author advocates the fitted case supplied by Messrs. Allen & Hanburys, which is shown in an illustration. Midwives are indebted to the author for including a chapter on venereal disease. They often meet with it in their practice, and yet in the past they have too often been left in complete ignorance of both the symptoms and the dangers to which they are exposed. They are here informed that "in any case where the midwife has reason to suspect the presence of venereal disease she should wear indiarubber gloves for her own protection."

The book is a most valuable addition to the manuals written for midwives, filling a place not yet occupied by any other book of this kind, and is the response of the author to the keen and reasonable desire of many midwives to equip themselves more efficiently for their serious and responsible work than is possible if they limit themselves to the information contained in the ordinary text books, concerned merely with meeting the requirements of the Central Midwives Board.

YORK ROAD HOSPITAL, LAMBETH, S.E.

One of the most recent additions to the teaching equipment at York Road Hospital is a magic lantern with an arc lamp. A beautiful set of midwifery slides have been prepared; these illustrate the anatomy, mechanisms, and abnormalities of pregnancy and labour. On Thursday, December 10th, a revision class is to be held by Dr. Fairbairn, open to all candidates for the December examination; this will be illustrated by the slides.

Tickets, 1s. each, may be had on application to the Matron.

INSURANCE OF MATERNITY NURSES: NATIONAL HEALTH COMMISSIONERS' DECISION.

The following decision of the National Health Insurance Commissioners, published in the South London Press will be read with interest by midwives and maternity nurses.

Recently Mr. W. A. Sparrow, a commission agent, of 3, New Kent Road, was sued at Southwark County Court by a maternity nurse for damages for breach of contract.

The nurse's case was that she was engaged to attend Mrs. Sparrow, but Mr. Sparrow wrote repudiating the agreement.

The defence was that the plaintiff was not insured under the National Health Insurance Act, and it was against his principle to employ an uninsured person.

Judge Granger, however, said he could give no opinion as to the contention regarding the insurance of maternity nurses, and, giving judgment for the woman for 25s., advised the defendant to write to the Insurance Commissioners.

Mr. Sparrow did as his Honour suggested, and has received a reply in which the Commissioners state:—

"A maternity nurse, working under the direction and supervision of a medical practitioner, is required to be insured under the National Insurance Acts, if the rate of her remuneration for an engagement by any employer does not exceed in value £100 a year. Where any emoluments (e.g., board and lodging) are provided by the employer, their value should be taken into account in estimating the value of the remuneration earned. . . . . No contribution is required to be paid in respect of a person for any weeks in which she is temporarily not employed within the meaning of the Acts, but if her normal occupation is employment within the meaning of the Acts, she may herself continue to pay contributions during such periods, if she so wishes, in order to avoid reduction or postponement of benefits. I am to add that an employed person who satisfies any one of the conditions set out in the enclosed memorandum is entitled to a certificate of exemption. Such a certificate would relieve the worker, but not the employer, from the obligation to pay contributions. An employer is only liable for the payment of health insurance contributions in respect of an employee for the period during which the latter is employed by him within the meaning of the above Acts (see paragraph 9 of the enclosed pamphlet). No liability under the Acts in respect of any period previous or subsequent to the period of such employment is incurred by an employer."

The use of pituitary extract in labour has given favourable results at the Rotunda Hospital, Dublin, especially when given in the second stage.
EDITORIAL.

THE CENTRAL COUNCIL FOR DISTRICT NURSING.

The formation of the Central Council for District Nursing in London, the first meeting of which we report in another column, is proof that the importance of the organization of district nursing throughout the County of London is engaging the attention of those responsible for the National Health. This indeed was emphasized by the President of the Local Government Board, who stated at the meeting that his Department had to perform the functions of a Ministry of Health, and thus took the keenest interest in the organization of an adequate nursing service in London or elsewhere.

In London the question of an adequate service is concerned not so much with standards, as with an efficient supply—for no arbitrary line is drawn in the metropolis such as that defined by a noble lord when the Nurses' Registration Bill was in 1908 before the Upper House, who referred to the different classes of nurses who "attend the well to do, and people who have important operations performed by eminent surgeons," and "that type of nurse especially required for the ordinary ailments of the sick poor."

In London we realize that accidents and disease are no respecter of persons whether they occur in the palace or the tenement, and indeed that if any distinction is to be made the nurses of the poor should be the more highly qualified, since the poor cannot afford to give in for minor ailments, and their illnesses, when a nurse is called in, are usually very acute. The London poor therefore have the advantage of the highest medical and surgical treatment, and skilled nursing, in hospitals, and the care of Queen's nurses, Ranyard nurses, and others in their own homes, and of the School Nurses of the London County Council in the elementary schools. All these nurses are required to hold certificates of three years' general hospital training, and often have additional qualifications—a standard which should be invariably maintained for the district nurse, whether working in London or elsewhere.

There is no one who has been brought into contact with the work of these thoroughly trained groups of nurses who will not willingly bear testimony to its great value, whether it be concerned with the actual care of the sick, or—as so much of the work of district and school nurses is concerned—with the prevention of disease, as in tuberculosis work, or in the care of the insured sick, in recognizing and adopting means to stamp out infectious diseases in schools, in the inculeation of sanitary laws, or in the hundred and one ways in which the nurse who is a keen social worker waging war on all the agents calculated to lower the standard of the national health. In relation to all of these there is a chorus of testimony to the great value of the work of these highly skilled workers, and the chief need at the present moment is that there should be more of them. They might be multiplied almost indefinitely with great advantage to the community.

The Central Council for District Nursing, under the chairmanship of Sir William Collins, has a great opportunity for good work ready to its hand, and will, we do not doubt, make the most of it. We should like to see it strengthened by the inclusion of more members of the profession concerned, i.e., that of nursing, for the practical problems demanding solution can only be worked out by trained nurses themselves, and there are many splendid women competent to deal with them, women of eminence in the nursing world, whose names might with advantage be added to the Council.
**FROSTBITE.**

Lieutenant-Colonel A. B. Cottell, P.M.O. of the hospital yacht Albion, states in the *British Medical Journal* that many men now arriving from the front are suffering from frostbite of varying severity. He describes the symptoms and appearances as follows:

"The frostbite has attacked the toes, and in many cases extended up to the metatarsus, the limb being edematous nearly to the knee. The toes stood wide apart, were extended, and of a purplish-black colour, and in all the severe cases bulge filled with clear gangrene-smelling fluid have formed on the extensor surface. In about 15 per cent. of the cases the glands in the groin were tender, but in no case swollen. Some men said they were quite comfortable, and read, ate, and slept peacefully; others complained of pins and needles, and sharp stinging pain; but the majority said that the whole foot seemed heavy as lead, and that there was a dull ache all the time. The treatment adopted has been to dust the affected part with boracic powder, and to keep the foot slightly raised and covered with wool loosely bandaged. The highest temperature recorded was 105° F.; in most the temperature was slightly raised, while in a sixth it remained subnormal throughout. Owing to weather conditions and other circumstances I was able to keep thirty of the cases under my observation for forty-eight hours, during which time all of them showed signs of improvement except one.

"The history was much the same in all cases—trench work in saturated boots and sharp frost at night, and dull aching pain in the feet and inability to stand in the morning. I was struck with the frequency with which frostbite had supervened when men, to keep warm, had put on two pairs of socks, and had in doing so restricted the superficial circulation. If the men had had 'trench boots'—very large boots made of canvas stuffed with straw to pull on over their boots—much preventable suffering and loss of men in the firing line would have been avoided."

It is to be expected that the Indian troops must suffer severely, and Madame Périn, the late Mayoress of Boulogne-sur-Mer, writing to the Lord Mayor of London to acknowledge donations for her Anglo-French Shelter, said: "Last evening I was at the station when a sanitary train came in from the front with some Indian troops. Many were wounded, but more were unable to walk through frostbitten feet—very painful and dangerous. The ambulance cars are placed just at the entrance of our little hospital." Madame Périn's address is 1 bis, Rue du College, Boulogne-sur-Mer.

**OUR PRIZE COMPETITION.**

**WHAT IS ACUTE NEPHRITIS? NAME TWO CAUSES. OUTLINE BRIEFLY THE TREATMENT.**

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gilmore Place, Edinburgh.

**PRIZE PAPER.**

Acute nephritis is a condition of progressive inflammation diffused throughout the tissues of the kidney, more especially at first affecting the cortical secreting portion of that organ, which is more or less congested and enlarged, while the tubules, connective tissues, blood vessels and cells become involved and degenerated as the disease develops.

The two main characteristics are the presence of albumen in the urine and the co-existence of dropsy.

There may be a sudden onset of symptoms, which may take the form of pain in the back; vomiting and nausea; feverishness; the urine is reduced in quantity, of a dark, smoky, or bloody colour; the chemical reaction shows a large amount of albumen, while under the microscope blood corpuscles and casts from the blood and epithelial cells may be found in abundance, the scanty urine being heavily laden with solids. Dopsy may vary in degree from a slight puffiness in the face and loose skin round the ankles to an accumulation of fluid distending the available spaces in the body, which may cause difficulty in breathing and also affect the function of other organs. The pulse is usually hard and of high tension, the skin white and dry, and the bowels constipated.

An acute nephritis may cause death by the severity of the attack, the patient succumbing to the toxemia, pneumonia, or failure of the heart, or it may result, in spite of treatment, in the establishment of a chronic form of nephritis, which is followed by permanent alteration in the kidneys not directly amenable to treatment. An acute nephritis, causing active congestion and inflammation, with alterations in the composition of the urine, usually occurs from the toxin of acute infectious diseases. It is usually temporary in character, amenable to treatment, and alliates with the original disease, though the condition may lay the foundation of permanent renal disease.

The true chronic nephritis, commonly called Bright's disease, from its description by Dr. Bright about the year 1827, is different in character, and is usually established from the beginning.

The two causes of acute nephritis are (a) toxin produced in the circulatory system, such
as those caused by the acute febrile diseases, especially scarlet fever and diphtheria; by the ingestion of irritant poisons; alcoholism and gout; (b) from outside influences, such as exposure to cold when scantily clad after being heated by violent exercise, such as the work of engineers working in hot places and going into the cold unprotected, exposure to chill when the body is weakened by illness.

The nursing treatment must ensure absolute rest in bed, the patient being kept warm between blankets, flannel night-shirts being worn, and if the breathing is difficult and the patient’s position is changed to sitting up, which is often advantageous, a warm bed-jacket should be worn, the back and joints being specially protected by a flannel belt or bandage. Hot baths or hot packs may be ordered, to induce the skin to act freely. Counter-irritation over the kidneys may be used in the shape of hot compresses, or, in very severe cases, cupping may be resorted to. The skin is induced to act as freely as possible to relieve the congested organs. Diuretic and purgative drugs are employed for the same purpose; the bowels should be made to act freely. The urine should be measured and tested daily, the heat and nitric-acid test being usually applied. When the dropsy is very distressing, the fluid may require to be removed locally by tapping. If there is danger of uremia, a strong diaphoretic, such as pilocarpine, may be given hypodermically to ward off convulsive attacks, cold water being given the patient to drink at the same time. The greatest care must be taken in changing the patient’s nightclothes and removing perspiration from the surface of the body to avoid exposure and chill by having towels and clothing thoroughly aired and warm. The diet is given to make the work of the kidneys as easy as possible whilst maintaining the strength of the patient. At first, liquid and fever diet, with easily assimilated light food; condiments, such as pepper and mustard, being avoided in the case of adults. Plenty of fluid may be given to drink to flush out the kidneys. Temperature, pulse, and respiration are recorded four-hourly. Symptoms of toxanmia must be carefully watched for, and any unnatural drowsiness or convulsive seizure reported at once.

As a rule, an arrest of the symptoms should be manifested in two weeks, which is marked by increased amount of urine; the gradual disappearance of albumen; the subsidence of dropsy, and a return to brightness and strength.

During convalescence the patient must be carefully guarded against chill and complications. Woollen clothing must be worn, the strength maintained, and the quality of the blood improved by strong nourishment, and some form of iron tonic to combat the tendency to anaemia.

In some cases some albumen may be present in the urine for a considerable period of time, gradually lessening, but apt to recur when the patient is chilled or subject to unusual exertion. Those patients should be specially advised as to their diet and maintaining the general health.

HONOURABLE MENTION.
The following competitors receive honourable mention:—Miss S. Simpson, Miss E. Sheppard, Miss D. Maton, Miss C. G. Chesterley, Miss W. M. Hunt, Miss I. M. Mate, Miss H. M. Springbeck, Miss A. Phipps, Miss D. Vinc, Miss E. Macfarlane, Miss N. James; and Miss E. Overy, whose paper arrived too late to compete for the prize.

QUESTION FOR NEXT WEEK.
When is drainage used, and why? Name four methods and material that may be employed.

IODINE FOR EVERY SOLDIER.
Thanks to the generosity of two anonymous donors, each British soldier is henceforth to carry his own ampoule of iodine, so easy to apply that a wounded man, or his neighbour, can instantly dress a slight wound. Hitherto British soldiers have each carried a field dressing, but not iodine like the French. Yet this is held to be of great importance, since small as well as severe wounds from bullets, shrapnel, and shell fragments may become septic before they are dressed.

PSEUDO-ARTHROSION.
A Paris contemporary makes the interesting announcement that the military medical authorities have decided to send all wounded suffering from pseudo-arthrosis, or loss of bony matter, to the Russian hospital at Bordeaux, where they will be treated by the method of Dr. Voronoz, by which bones of other men, and monkeys, can be transferred to the patients, and life thus restored to limbs which are regarded as dead.

THE TYPHOID EPIDEMIC.
A contemporary says it is quite clear in Belgium that the men are falling sick in the trenches, and it is also a fact that Belgian and German front-line trenches are separated by the inundated area. This area of water therefore comes under grave suspicion.
The British Journal of Nursing. December 12, 1914

THE NATIONAL COUNCIL OF TRAINED NURSES.

The Annual Meeting of the National Council of Trained Nurses was held at the Office, 431, Oxford Street, London, W., on December 3rd. Mrs. Bedford Fenwick presided, and Miss Cutler, the Hon. Secretary, presented an interesting report of the year's work, much of which has already been published in this journal, the official organ of the National Council. Both the Report, and the Financial Report presented by Miss Christina Forrest were adopted.

The President said that the great war touched every section of the community, and no section more nearly, both professionally and economically, than trained nurses. She read a letter from Miss L. L. Dock, the Hon. Secretary of the International Council of Nurses, in which she stated "that the prospects get blacker and blacker. It really looks as if the various (male) nations of Europe were in a frenzied sort of contagious insanity—homicidal mania. What is going to be left out of the general wreck?" Miss Dock went on to say that Miss Goodrich, the President, had suggested that a definite statement should be made that there will be no international meeting at San Francisco in June, 1915. From Canada, New Zealand, and other parts of the world had come an intimation—"the war ends all our plans." Miss Dock said further that times are very bad in America, people out of work and capital scared. Revenues are short, and Congress has to declare a war tax, as if it was at war itself. Besides that, the whole world is appealing to America for help, pitiable appeals, starving Belgians, destitute women and children in France, troubles in Turkey and Armenia. The Red Cross is filling the air with heartrending appeals. "All good causes at home are stopped or hampered by need of funds; charities are penniless."

After considering Miss Dock's letter it was unanimously agreed that the National Council of Great Britain and Ireland should advise the International Executive that the Meeting of the International Council of Nurses do not take place at San Francisco in 1915, but that the Triennial Meeting be postponed until 1916—or later, when the nurses of the world could gather together in kinship for mutual counsel and support, as on all previous meetings of the International Federation.

The President then summarised a Report from Miss L. L. Dock on the Nurses' International Memorial to Miss Florence Nightingale, in which she explained the steps taken by her in relation to the foundation of a Chair of Nursing at Bedford College, London, and the action of the Nightingale Fund "in stealing their thunder" by inaugurating a Scholarship Fund at King's College for Women, adapted from their Teachers' College Course at Columbia University, New York. The President regretted that the Nightingale Fund Council had thought fit to secretly establish their Course at King's College whilst negotiations were in progress at a Sister College, but thought that her suggestion to endow a Chair of Nursing in London would ultimately be established. They could not lag behind America for ever. The nursing profession was very poor, and many subsidized scholarships would be required to maintain a Chair of Nursing in London, so that no doubt in the future, when nursing had been recognised by the State, and the nurses had been given power to further their professional aspirations, the Nightingale Scholarships would be available for the general educational advance of nursing. In the meantime, it was suggested that during the war the appeal for funds to found the Chair should be in abeyance, and should be continued in more prosperous times. At the present crisis every penny of their money was needed for helping schemes for the care and comfort of their valiant troops, and no one was giving more generously of work and money, according to their means, than the members of the nursing profession. Their very best work was the finest memorial to Florence Nightingale which the profession could offer at the moment.

It was agreed to defer collecting for the fund until after the war.

DANGER OF UNTRAINED NURSES FOR THE SICK AND WOUNDED.

A discussion took place on the nursing of sick and wounded in war, and opinions were emphatically expressed that the most skilled nursing should invariably be at the disposal of the troops. Those present felt strongly that the present conditions of nursing in many of the military auxiliary hospitals, at home and abroad, were to be severely condemned, that the trained staff was often insufficient, and that under unprofessional matrons and lady superintendents the discipline in these hospitals left much to be desired. Ultimately the following resolution was carried unanimously, and a copy has been sent to the Secretary of State for War:

RESOLUTION.

The National Council of Trained Nurses of Great Britain and Ireland, in Annual Meeting...
assembled, and desires to place on record its unqualified disapproval of the present organization of the nursing of sick and wounded soldiers in military auxiliary hospitals at home and abroad.

In the opinion of the National Council, the standard of nursing for the sick and wounded should be of the highest quality that a grateful nation can provide for men who are risking their lives in the defence of the Empire.

This Council therefore most earnestly petitions the Secretary of State for War (whose Department is primarily responsible for the health and comfort of the troops) to prevent the expenditure of the munificent subscriptions of the public on inefficient nursing and the subjection of the sick and wounded to the dangerous interference of untrained and unskilled women, who have been placed in positions of responsibility for which they are not qualified, greatly to the detriment of the discipline in military auxiliary hospitals, and the general welfare of the sick.

RE-ELECTION OF HON. OFFICERS.

The following Hon. Officers were unanimously re-elected:

President—Mrs. Bedford Fenwick.
Hon. Treasurer—Miss Christina Forrest.
Hon. Secretary—Miss Beatrice Cutler.
Hon. Vice-President—Miss R. Cox-Davies.

President of two Leagues affiliated to the Council, was nominated Vice-President, subject to her consent to act, in place of Miss Musson, who retired in rotation.

Directors—Miss M. Buckingham, President Queen's Hospital Nurses' League, Birmingham, and Miss Elma Smith, President, Hendon Infirmary Nurses' League, were nominated to succeed Miss Mary Burr and Miss M. Wright, both of whom retired in rotation. Miss Smith, who was present, accepted office.

The meeting then terminated, and members of the Scottish and Irish units of the French Flag Nursing Corps were entertained to tea. Miss Gargan and Miss Cargill, both of whom are members of the Council, were present. Miss May L. Wilson, from New Zealand, was also present.

BEATRICE CUTLER,
Hon. Secretary.

RESIGNATION.

After more than twenty years' devoted service as Matron of the Strangers' Hospital, Rio de Janeiro, Miss J. A. Jackson has resigned the position, and is leaving for England at the end of this month. Her successor is Miss R. Watt, formerly Matron of the Miller Hospital, Greenwich, who recently has had charge of a private nursing home in Rio.

STATE REGISTRATION OF NURSES.

Although the movement for the State Registration of Trained Nurses was initiated in this country twenty-seven years ago, its objects and scope are still very imperfectly realized.

Those who read this journal week by week are kept informed as to the latest phases of its progress, but we ask them not only to acquaint themselves with the question, but to lose no opportunity of informing the public as to its urgency. And since the question is so large, we briefly set down for their guidance some of the most important points to be emphasised.

The movement is an educational one, the object of the Nurses' Registration Bill being to regulate the qualifications of trained nurses and to provide for their registration. It does not propose to penalize the practice of unregistered nurses, but to restrict the use of the title of "registered nurse" to those who have satisfied a Nursing Council appointed under the authority of the State that they possess the qualifications necessary to render them safe attendants on the sick, and to provide that the names of all those who attain the prescribed standard shall be entered on a Nursing Register, so that the public may be able to distinguish registered from unregistered nurses, and also that discipline may be maintained in the ranks of nurses so registered.

The principle was unanimously recommended by a Select Committee of the House of Commons in 1905, after it had been exhaustively considered during two Sessions. In 1908 the House of Lords passed the Nurses' Registration Bill, drafted by the Society for the State Registration of Trained Nurses, without a division having been taken at any stage.

On March 3rd, 1914, the Bill introduced into the House of Commons by Dr. Chapple, M.P., on behalf of the Central Committee for the State Registration of Nurses, and supported by members of all parties in the House, was carried on its first reading by a majority of 229 votes.

The benefits of a system of Nurses' Registration are apparent to organized nurses all over the world. Registration of nurses is in force in Cape Colony, Natal, the Transvaal and the Orange River Colony, in South Africa; in New Zealand; in the provinces of Ontario and Manitoba, in Canada; in Queensland, Australia; in the Bombay Presidency in India; in forty of the United States of America; in the German Empire; and in Belgium. In other British Dominions and in European countries trained nurses are organized to obtain it.
FRENCH FLAG NURSING CORPS.

From Bordeaux a telegram was received last week to send eighteen nurses to that city, so the Irish Unit (Supervisor, Miss A. Gargan) and the Scottish Unit (Supervisor, Miss A. R. Cargill), left London on Sunday last, by boat, hoping to arrive in Bordeaux on Wednesday. The members of both units looked very bright and neat in their simple and sensible uniforms, as they bade goodbye to friends at Fenchurch Street station. Miss Cross (cert., Middlesex Hospital), accompanied the Scottish nurses, as Miss Farnie was unable to go.

A very large hospital has just been erected and opened at Bordeaux, composed of twenty-eight new pavilions, and it is proposed that these shall be staffed entirely by English trained nurses of the French Flag Nursing Corps. For this purpose a staff of seventy-two nurses has been requisitioned. Each pavilion contains twenty beds, so that they will not be difficult to work, either on day or night duty. The committee have the matter in hand, and it is probable that two units, one from Rouen and one from Havre will be sent south to help staff and organise this new hospital.

Miss Ellison is in Bordeaux, and is in consultation with the Chef de Medecin, a very celebrated surgeon, as to arrangements for the housing and comfort of the nurses.

THE BRITISH RED CROSS SOCIETY.

Mr. J. O. Shevington, F.R.C.S., Principal Medical Officer of No. 2 British Red Cross Hospital, Le Grand Seminaire, Rouen, reports that the hospital has been very busy with badly wounded from the region of Ypres.

The unit for the hospital train which left London on December 3rd, with Rouen as its destination, arrived safely after a stormy crossing, and hopes shortly to begin work.

The following trained nurses have been sent to Military Auxiliary Hospitals during the week ending December 9th:

THE SECOND SCOTTISH UNIT FRENCH FLAG NURSING CORPS.

Miss Macdonald, Miss Watson, Miss Cross, Miss Cargill (Supervisor), Miss MacBeth, Miss Dickie.
NURSING AND THE WAR.

The *Daily Express* announces that thanks to the generosity of its readers, a sufficient sum of money has been collected to provide a Christmas gift for each of the British nurses at the front. No further subscriptions are required, and the "Nurses' Presents" Fund is now closed.

The gift, which is to convey to the heroines of the nursing line in France the Yuletide greetings and deep gratitude of the people at home, has been selected.

It is a neat white leather case which tells over quite that, so that it can be slipped into the pocket. On the outside it is adorned with a gold embossed crest and flag, and it has "Christmas 1914" and "From the readers of the *Daily Express*" printed on the flap inside.

The case contains an entire "housewife" outfit, well supplied with all the requisites for emergency needlework, of the finest workmanship, Abbaye de Royaumont, a beautiful old chateau twelve miles from Chantilly.

Nurse Hughes, who for the past two years has faithfully discharged the duties of district nurse for Pitteanweem and St. Monans Nursing Association, was chosen as one of the nurses to leave for the front on December 7th for duty at the field hospital at Nantes, which has been fully equipped by Lady Eva Wemyss of Wemyss Castle. Nurse Hughes, who is a favourite with all classes of the community, is a native of Pitteanweem and a former sister of Wemyss Hospital.

We note that in appealing for funds for "L'Hôpital de l'Alliance" near the front, it is stated that the medical staff and some of the nurses are giving their services and paying their own expenses; others have been sent by the United States by American friends who are maintaining them. So that no money subscribed will be spent on organization; every penny will go to

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THE NURSING STAFF OF THE SCOTTISH WOMEN'S HOSPITAL, ORGANIZED BY THE SCOTTISH FEDERATION OF WOMEN'S SUFFRAGE SOCIETIES.

We feel sure the kind thought of the editor will be appreciated by many nurses who will be far from home at Christmas, and that they will value this gift, and no doubt keep it carefully in memory of the work they have had the good fortune to do in this national crisis.

The following nurses on the staff of the Scottish Women's Hospital left Edinburgh last week for France: Miss Conley, Miss Duncan, Miss Connell, Miss Milne, Miss Gray, Miss Lawrence, Miss Dorothy Littlejohn, Miss Hogarth, Miss Swanson, Miss Maggie Gray, and Miss Maxwell. In the centre of the group, which we have reproduced from an Edinburgh *Evening News* photograph, is Miss S. E. S. Mair, President of the Scottish Federation of Women's Suffrage Societies, under whose auspices the unit is sent out. They will be located at the hospital to be established in the the benefit of the wounded soldiers." We would remind Sister M. M. McNeil that nothing would benefit the wounded soldiers more than expenditure on highly qualified nursing, which is not obtainable when voluntary services alone are available.

On a remanded charge of obtaining food and lodging by false pretences, a well-dressed girl, named Clara Bogg, was last week sent to prison for three months by the Manchester Stipendiary Magistrate. Bogg told her landladies that she was a Red Cross nurse, and was attending Whitecross Hospital for treatment, owing to the shews of her left arm having been cut by the Germans. All her statements were false. She said in court that the police could put down a dozen convictions against her but only one was proved—a conviction for theft.
LETTERS FROM THE FRONT.

From Paris.

"A nurse writes from Paris: 'One wonders what Florence Nightingale would say if she could arise from the dead and see what a travesty is being made of her beloved nursing in this War. It is more like a Gilbert and Sullivan opera than a sane condition of affairs. The only person who is resentful on all sides is the thoroughly trained, skilled hospital nurse, who knows her work, and either resents, or is heavily amused at the army of masqueraders to be met on all sides. It is not too much to say that all these amateurs attempt to keep the professional woman from coming near the wounded by every means in their power, and a mere trifle, and there are many other triffles of a most irritating nature! No one wants to be taught. To help dress a wound, to bandage, yes, beyond such items, nursing does not exist. Everyone here is a trained nurse who holds a Red Cross diploma, and the fact that so many untrained girls have been sent to France, holding no other qualifications, from England, is, I regret to say, being now quoted in justification of inefficient standards here, and makes one very indignant. It seems as if Florence Nightingale lived and worked and agonised over the sick and suffering in vain.'"

From Antwerp.

"My first ambulance in Antwerp was in a beautiful house just outside the walls of the town. The

CHATEAU DEN BRANDT, THE HOUSE OF ALBERT PREGLINGER.

...as for the majority of doctors, they either support them from self-interest, or simply go distracted in attempting to maintain discipline, which, of course, amongst all these contentious females they cannot do. One quite young woman—girl, in reality—with heaps of money is running a hospital on her own. She has never been trained for a day, but wears full nursing cananicals, and just provides everything up-to-date for treatment the doctors need, so is in high favour, and is now quite the Directrice. 'Oh, you English! how stupid you must be to have to spend three years in a hospital before they will give you a diploma. We are not like that, we others; we have so much esprit, finesse, such drudgery would be time wasted for us.' The risks they run, it is astounding. As for the patients, only hands and faces are washed, no draw-sheets, no mackintoshes. Bed sores are..."
THE CARE OF THE WOUNDED.

In the incredibly short space of time of a fortnight, all the 1,650 beds in King George Hospital for the wounded have been subscribed for. At £25 a bed, this means that £41,250 has been raised for this purpose alone.

Dr. Woodcock, 27, Nottingham Place, W., asks for several water beds for the Women’s Hospital Corps Base Hospital, at Wimereux.

The Earl of Sandwich appeals on behalf of the wounded soldiers now in the Royal Free Hospital, Gray’s Inn Road, W.C. Gifts of day shirts, day socks, scarves, dressing gowns, old topcoats, tobacco, cigarettes, cakes, soup, jam, and eggs will be gratefully acknowledged by the secretary. The hospital is in urgent need of further financial support.

At the special request of Prince Alexander of Teck, the “Army Cot” in the Royal Waterloo Hospital for Children and Women has been opened. Money is still, however, needed to endow it in perpetuity.

We are entirely in sympathy with the proposals of Dr. Sandby, Professor of Medicine in the University of Cambridge, for the establishment of Open Air Military Hospitals on the lines of the 1st Eastern General Hospital (E.G.H.) so successfully inaugurated at Cambridge. Both from the point of view of health and economy this form of hospital has much to commend it.

The Duke of Portland has accepted the position of chairman of a special council which is organizing a fund formed by the Royal Society for the Prevention of Cruelty to Animals, 105, Jermyn Street, S.W., which has already been co-operating with the Army Veterinary Corps in France and has now received the official sanction of the Army Council to aid the corps in coping with the increased demand on its resources.

All animal lovers will wish well to the “Blue Cross Fund” (58, Victoria Street, S.W.), which was started at the beginning of the War to afford relief to military horses. It works as an auxiliary to the authorized veterinary services, and the French Minister of War has now requested Captain Claremont, acting on behalf of the League, to establish eight base hospitals in France for the French troops and offered him motor cars and every possible assistance, and he is now in France organizing these hospitals.

The proprietors of the Droitwich Brine Baths wish it known that all soldiers and sailors who may be invalided during the War and for whom baths may be prescribed, may have them free of charge. The thing now is for someone at Droitwich to offer hospitality to such men—there is sure to be an aftermath of sickness, especially
amongst soldiers, for whom such treatment will be invaluable.

Sir Ernest Schiff has placed at the disposal of the War Office 20 beds in the Home of Recovery at Cobham, founded and endowed by Sir Ernest at a cost of £132,000.

The response to the Lord Mayor of Cardiff's appeal to provide a "Cardiff" Hospital for the French soldiers has so far been encouraging. Lady Winborne is in direct communication with the authorities in France, and has arranged for a large hotel in the neighbourhood of Dieppe to be turned into a hospital with 120 beds. A sum of £2,500 will be required to equip and maintain the hospital for six months, and in response to the Lord Mayor's appeal he has already received substantial donations. The Cardiff Hospital will be quite distinct from the Glamorgan and Monmouthshire Hospital.

The Governors of the Tyrone County Hospital, Omagh, have placed fifteen beds at the disposal of the War Office, which, since November 5th, have been occupied by wounded from the front. The men have expressed in the public press their thanks to the hospital staff and all who have shown them kindness since their arrival in Ireland.

In a town in S.E. Belgium the Germans are preparing an immense hospital to deal with 4,000 convalescent typhoid cases; all available public buildings in the town, including the English church, are being prepared for the purpose.

The very prompt decision of the British Red Cross Society to take large measures against the outbreak of typhoid in the Belgian army is being quickly followed up by action. A hospital is already being built near Calais on a healthy site at a safe distance from the town.

A private in the Somersets, invalided to his home in Devon, states that, in addition to caring for the hospital cases, the French nurses made many visits to the firing line with food for the British wounded.

The Canadian Hospital has been formed at the Golf Hotel at Le Touquet. It is a large modern building, and can accommodate about 400 wounded. The medical and nursing staffs have arrived from Canada, under the command of Colonel Shillington. Some of the Canadian nurses are working with their troops at Salisbury Plain, and the Hampstead Hospital is also to be utilised for Canadians.

The Hôtel d'Hardelet, a large modern building, has been converted into a hospital for our wounded Indian soldiers. The hotel and its annexes will provide 300 beds. Hardelet is a delightful health resort only a few miles from Boulogne. It is backed by several square miles of State forest and pine woods.

MOTOR KITCHENS.

Every nurse knows that in the care of the wounded, the administration of suitable nourishment is an important factor. It is cold comfort to a wounded man to be set on his way to the base, or the hospital ship with his wounds dressed, without the cool drink, so grateful to his parched mouth, or the warm milk, or beef tea, to stimulate the flagging heart, to put warmth into the chilled limbs, to infuse a sense of well being and comfort, and strengthen his resisting power, enabling him to respond better to treatment.

It was to provide such nourishment for sick and wounded men, sent back from the front that Mr. R. W. Smith, who has come down from Aberdeen, left London for Havre, on December 5th, with a motor kitchen, which he has himself designed for service with the wounded in northern France. The car, light and easy to take wherever it may be needed, has two seats in front occupied by Mr. Smith and his chauffeur. The body of the car is fitted to its owner's design with two oil stoves and a large kettle, besides spirit stoves. There are also some halfdozen thermos flasks, in which hot drinks can be stored, so that the car can supply five gallons of hot drinks at the same time, which means that about 200 men can be served. Under the car is a small tank of water. At the back are neatly arranged drawers, containing, closely packed one inside the other, 200 tin or aluminium tumbler-shaped drinking vessels, the thermos flasks, spoons and ladles, everything in fact necessary for the simple cooking to be done in the car. Bread can also be carried. There is no room for the cooks in the body of the car, but a step is let down at the back, on which they can stand well out of wet and mud, while the grey canvas cover of the car projects to shelter them from rain. The exterior of the car is of grey canvas, on which appear the black eight-pointed cross, on a white ground, of the Order of St. John of Jerusalem, and the Red Cross of Geneva, indicating that the car will start on its errand of mercy under the aegis of the Joint War Committee of the two Societies. We are not surprised to hear that the India Office would gladly have made use of the car for service with the sick and wounded of the Indian contingent, and we have no doubt that, once its usefulness has been demonstrated, there will be many requests for similar kitchens.

A very useful suggestion made to the British Red Cross Society was that each motor ambulance convoy should be provided with a motor soup kitchen, so that the sick and wounded could be supplied with a hot drink after their first dressing. This has now been done. A tank holding 70 gallons of water is suspended over the driver's seat, and each kitchen is equipped with a boiler capable of boiling 25 gallons of water. There is also provision for heating soup, coffee and cocoa, and for stewing meat. Each motor soup kitchen costs £600.
A HOSPITAL SHIP.

A correspondent of The Times gives an interesting account of the Guildford Castle, one of the hospital fleets now at Boulogne which has been equipped to meet the requirements of the Indian troops. There are four of such ships, two of the Castle Line and two of the P & O., and yet two more are being equipped in India by contributions from Indian Princes and the different communities. In common with other ships of the hospital fleet, they are distinguished by the broad green band on a white surface with the Red Cross to left and right.

There is provision on the Guildford Castle for 300 wounded men, and no pains have been spared to provide the most up-to-date appliances for the comfort and welfare of the patients. Beds fixed to the floor swing with the motion of the vessel, the operating room is completely equipped, and there is an X-ray installation. There are separate wards for native officers and for British officers in the Indian Army.

As soon as the Red Cross motor-car arrives at the quay the patient is made to feel that the most careful machinery is put in motion for his comfort. Directly the motor-car arrives the bed he has travelled in is laid gently on a stretcher, swung up to the deck by a smooth running crane, placed in the lift and lowered to the ward. The "lying-down" patient need not stir from the stretcher on which he receives first aid until he is lifted on to his bed in the ship, and to soften the ordeal of the descent by crane, the stretcher has been made wide enough to carry two. The Indian when he is in a tight place likes to have a "bhi-bi" (brother or comrade)—a co-religionist for choice, by his side, and the writer of the article tells that a convoy of wounded arrived before he left the ship, and he saw the ascent to the deck of two great Sikhs. One who had a slight bullet wound in the finger held the other's hand.

Great care has been taken to respect caste observances. There is a Hindu kitchen on the port side, and a Mohammedan one on the starboard side. From the moment foodstaff, or cooking and eating utensils are bought they are kept in separate stores duly labelled. The right kind of tea urn is provided, the necessary chappatte girdle, the brass pestle and mortar for pounding the ingredients for curry powder, and the Hindoo cook—generally a Brahmin—a caste whose touch cannot defile—brings the dish he has prepared into the ward and serves his co-religionists with his own hands.

The wash-house and lavatory are designed with the same care, the sanitary requisites being an exact replica of those which obtain in the East. It was the perfection of these more than anything else which moved a venerable Khan Bahadur to say in admiration, "All India should see this." Plenty of warm clothing—cardigans, jackets, shirts, underclothing, pyjamas are needed for the men, and it is hoped that patriotic organizations will send generous contributions. It is impossible that they should be too generous.

THE JOINT WAR COMMITTEE.

NURSES' BRANCH.

We are officially informed that Miss Swinnerton, Matron-in-Chief of the Nurses Department of the Joint War Committee of the Ambulance Department of the Order of St. John of Jerusalem, and the British Red Cross Society, has been invited to take a seat on the Committee.

Miss M. E. Davies, formerly Matron of St. Mary's Hospital, Paddington, and Principal Matron of No. 2 General Hospital, T.E.N.S., has been appointed Matron of the new King George Hospital, Waterloo Road, S.E. In addition to the Matron, the staff will consist of Miss Prinett, 13 Senior Sisters, 92 Nurses, and 210 Staff Nurses. The staff will also include women orderlies, wardmaids, a Quarter Master, a Chef, and the kitchen staff.

The washing brassard worn by those proceeding on foreign service now bears the stamp of the Cross of the Order of St. John as well as the Red Cross.

The following nurses have been sent on active service from St. John's Gate:—

Hotel Nôtre Dame, Parame.—Miss E. Donnelly.
To Lady Murray, Triport near Dieppe.—Miss F. Jones.
Miss Bromley Martin's Party, Triport.—Miss M. Banfield.
Anglo-American Hospital, Winnebago.—Miss H. McKinley, Matron; Miss L. Amy, Miss M. Royce, Miss E. Murray, Miss G. Skinner, Miss E. Swedley, Miss M. Stokes, Miss D. Williams.
Church Army Hospital, Caen.—Miss McNeil and Miss I. Ralph.

The following have been supplied to Home Hospitals:—

Foxley Court, Alton.—Miss M. G. Cook.
Giffard's House, Rochester.—Miss C. B. Davis.
V.A.D. Hospital, Southsea.—Miss M. A. Burke.
Abbot's Barton, Canterbury.—Miss M. T. O'Neill.
V.A.D. Hospital, Northwood.—Miss M. G. Haggis.
Stanhope Hospital, Wakefield.—Miss M. G. Mitchell.
Newton Park, Bath.—Miss L. Thomas.
V.A.D. Hospital, Stratford.—Miss M. Gray.
V.A.D. Hospital, Boutham, Lincoln.—Miss H. C. Whitford.

The following nurses have been supplied to Military Auxiliary Hospitals through the Office of the British Red Cross Society:—

Gerard's Cross Hospital (for Lady Ramsden).—Miss M. Carpenter, Matron, and Miss A. C. White, Miss T. Dawson, Miss V. Stewart, Miss D. Williams, Miss Mackenzie.

Miss Harvey has left Cowes Hospital and been transferred to Highfield Hall, Southampton, to replace Miss K. Jones, who has joined the Territorial Force Nursing Service.

Miss M. Page is working temporarily as Night Superintendent at St. Mary's Hospital, pending her being assigned to duty abroad.
APPPOINTMENTS.

NIGHT SUPERINTENDENT.

Willesden Infirmary.—Miss Lucy Bowden has been appointed Night Superintendent at Willesden Infirmary. She was trained at the Royal National Hospital, Ventnor, and the St. Marylebone Infirmary. She has held the position of Staff Nurse at the Cottage Hospital, Cowes, Night Sister at the Royal National Hospital for Consumption, Ireland, and Ward Sister for two and a-half years at Selly Oak Infirmary. She is a certified masseuse.

Northern Hospital, Winchmore Hill, N.—Miss Dora Ann Douglas Beattie has been appointed Sister. She was trained at Hill Road Infirmary, Liverpool, and has been Staff Nurse in a hospital for consumption; Charge Nurse at Eccleshall Barlow Infirmary, Shielfield, and Union Infirmary, Sunderland, and Sister at Mount Vernon Hospital, Hampstead.

MASSAGE SISTER.

General Hospital, Bristol.—Miss Laura Girling has been appointed Massage Sister. She was trained at the Swedish Institute.

SCHOOL NURSE.

Rochdale Education Committee.—Miss Florence B. Gill has been appointed School Nurse. She was trained at the Beckett Hospital, Barnsley, and the Brook Hospital, Shooter's Hill, Woolwich, M.A.B., and has held the position of District Nurse at Bursley, Shropshire, and School Nurse at Boston, Lincolnshire.

HEALTH VISITOR.

Fife County Council, Cupar.—Miss Mary Stewart has been appointed Health Visitor. She was trained at the City of Glasgow Hospital, and the Royal Infirmary, Dundee, and has held the position of Senior Staff Nurse at the Ochil Hills Sanatorium. She has also had experience of private nursing.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss Edith Hilda Winton and Miss Amy May Mitchell have been appointed Nursing Sisters.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Assistant Superintendent.

Miss Mary Smith is appointed to Sussex C.N.A., as Second Assistant Superintendent and School Nurse.

Miss Smith received General and midwifery training at Dundee Royal Infirmary, and District training at Dundee; and has since been Queen’s Nurse at Dundee, Dysart, and Combe Martin.

Miss Emily Whatman is appointed to Sussex C.N.A., as School Nurse and Tuberculosis Visitor; Miss Alma H. Packham, to Thetford; Miss Harriah P. Samter, to Crook, Ings and Staveley; and Miss Jeannie E. Vaughan, to Buntingford.

NURSING ECHOES.

The inaugural meeting of the Central Council for District Nursing in London was held on December 1st in the Conference Hall of the Local Government Board. The Council has been established as the result of two previous conferences, at which it had been resolved that "a Central Council for London should be established, consisting of representatives of those engaged in district nursing and of others interested in the question, with the object of so systematising the arrangements for district nursing that there shall be adequate provision throughout the county."

There was a full attendance, including Mr. Herbert Samuel, M.P., President of the Board, who said:—

On behalf of the Local Government Board, this Department has to perform, among many other duties, the functions of a Ministry of Health, and as such it naturally takes the keenest interest in any measures to organise, in London or elsewhere, an adequate nursing service. The advent of the war has, of course, had a profound influence upon the question which we are met to consider. The demand for nurses is in these times greater than ever owing to the military need, but the requirements of the civilian population, and of the poor who are sick, have to be met whether we live in times of war or in times of peace, and we are bound to use our utmost efforts to see that the poor and suffering are assisted and relieved. Indeed, the advent of war may somewhat assist ultimately the work in which you are engaged, for it has brought home to the population perhaps more urgently than ever before the importance of the nursing service and the dignity and value of the nurses’ work.

Sir William J. Collins was elected as Chairman, and Dr. Addison, M.P., as Vice-Chairman of the Council.

Sir W. Collins said he understood that there were so many branches of social service—voluntary and State-aided—engaged in nursing work that there was some overlapping. That was a defect, but it was desired not to supersede or supplant existing organisations, but to supplement, support, and perhaps subsidise the benevolent operations of voluntary agencies.

The following were elected to serve on the Executive Committee:—Mr. F. Biant, Dr. H. Ronald Carter, Sir William Church, Canon Craig, Canon Curtis, Mr. Dawes, M.P., Sir Arthur Downes, Mr. Alfred Ellis, Miss Christiana Gregory, Dr. C. J. Harrison, Miss Amy Hughes, the Rev. J. Scott Lidgett, Miss
McGaw, Mrs. Model, Mrs. Norman Moore, Mr. H. Picton Morris, Sir Shirley Murphy, Mr. E. H. Pelham, Miss Zoe I. Puxley, Miss Pye, Mr. E. B. Turner, and Mr. O. E. Warburg, with authority to co-opt three additional members.

The Asylums and Mental Deficiency Committee of the London County Council last week presented an exhaustive Report on the Mental Deficiency Act, which came into force on April 1st of the present year, and its administrative difficulties. The administration of the Act evidently bristles with difficulties, but in the interests of a sad and most helpless class of the community, it is to be hoped that they will eventually be overcome and its smooth working ensured.

At a meeting of the Battersea and Wandsworth Guardians last week, two questions of nursing interest were discussed:—(1) The serious position in which the institution has been placed, by nurses joining organizations rendering them liable to be called upon at a moment's notice, was considered on a letter from the Medical Superintendent, Dr. Nixey, who said that their twelve nurses had been brought down to eight, and they had been unable to fill the vacancies. The Assistant Matron had gone, and six probationers. There were between 220 and 250 children in the infirmary suffering from acute disease. There was difficulty in staffing the wards. (2) The question of paying the nurses on war service, at home and abroad, half salaries, as well as keeping their places open for them. The latter may very well be done, but we agree with the Chairman, Canon Curtis, that as both Sisters and Nurses receive salaries and emoluments "nearly three times as much as the nurses who are remaining at home," there is no reason for the ratepayers to pay them half their salaries in addition. It was resolved that the resolution giving half-pay to nurses should be rescinded, so that nurses leaving the institution in the future should not receive it.

At the request of Miss Cockeram, Superintendent Nurse of the Barnet Union, the day nurses are to have two hours off duty daily, besides a half-day and whole day monthly. This will necessitate an increase in the staff, of two if not three trained nurses. The charge nurses are also to be given the title of Sister. The Guardians have agreed to provide a paid cook for the nursing staff, and extensive alterations in the Nurses' Home are being made for their comfort, including arrangements for separate bedrooms.

A trained nurse writes, "Poor Sister Phipps has not died in vain, but what a price to pay before reforms are effected."

At a recent meeting of the Board of Guardians of the Walsingham Union, the Rev. A. L. Hunt said a special meeting had been held to consider the reasons which led to the frequent changes of nurses, and to suggest remedies. As the Matron disclaimed all responsibility for several serious defects added which tended to the discomfort of the nurses, it was mutually agreed that the case should be laid before the Local Government Board. A letter to the Local Government Board detailing the situation, which had been drafted by the Clerk, was approved. Amongst the complaints were that the nurses' bedrooms were not properly cleaned by the inmates set to do the work, and the service of food was not what it should be. The nurses did not complain of the quality of the food, but said that the dinner was sent up dirty, and the inmate who took it up was dirty in herself and her habits.

The Master and Matron considered that the correction of these shortcomings was not the duty of the Matron, and that when an inmate had been detailed to clean the nurses' rooms, it was their duty to see she did the work properly, the Matron considered it would be an unwarrantable intervention on her part if she went into the nurses' bedrooms to see that the work was properly done. She regarded each officer's bedroom as sacred to the occupier. The Guardians did not share these views, and, pending a decision, the Matron said she would see there was no further occasion for complaint.

Two very interesting lectures have recently been delivered to the members of the Irish Nurses' Association at 34, St. Stephen's Green, Dublin—the first, on November 25th, by Mr. Lindeburg, a Masseur, on "Remedial Exercises for S-shaped Scoliosis," the lecturer giving practical demonstrations of these exercises; and the second, on Wednesday in last week, when Dr. Purser lectured on "Enteric Fever."

The Irish Nurses' Association, which has always realized the importance of securing the interest of the Irish Members of Parliament in the Nurses' Registration Bill, has recently brought the question prominently to their attention once again. The solidarity of the Irish nurses on the Registration question is reflected in the unanimity of the Irish Members in the House of Commons.
THE MILITARY RECEPTION HOSPITAL, SEAFORD.

The promise made to me of brilliant sunshine and scintillating blue sea was not fulfilled; but hospitality and genial courtesy were liberally extended to me on the occasion of my visit to the Military Reception Hospital at Seaford. It is not only fashionable dressmakers and milliners who produce "creations." Since the war broke out, many active minds (of men and women) have been at work originating ideas of usefulness and benevolence to meet the emergency of the situation, and this hospital is one of the creations of the war. Like many individuals, it has recently changed its name, not however, for the purpose of concealment, for its past history is one of usefulness and philanthropy, and well worth a brief retrospective glance. Formerly the well-known, long-established Convalescent Hospital of which the King and Queen are patrons, it was offered by the Committee to the War Office, and accepted for the reception of men belonging to Lord Kitchener's new army who may need hospital treatment. Twenty thousand troops are now stationed at Seaford; it goes without saying, therefore, that the hospital supplies a great need. That it is excellently suited for the purpose may be gathered from our illustration.

Past History.

It has the distinction of being a pioneer institution, for it is—with one exception—the oldest convalescent hospital in the kingdom, having been founded in 1850, when so little was done for the poor, by Mr. W. H. Maitland, whose portrait appropriately adorns the hall. The original building was one of very modest proportions; it has been gradually enlarged to its present size. Standing on high ground, facing the sea, surrounded by a well-kept garden, the position is admirably suited to its purpose. It is built in three wings, connected by the administrative block, and looks at once imposing and attractive. It can accommodate 120 patients of both sexes, most of whom come from London. For the small sum of 5s. a week the maximum of comfort and a very liberal and varied diet are given to the tired, over-worked people, and children over ten years of age, who come to spend three or four weeks in the bracing air of Seaford, many of whom have afterwards sent letters overflowing with gratitude for kindness received.

Since the new order of things the accommodation for the civil convalescents has of necessity been reduced to 28 beds only; the rest have been given up to the military authorities for the sick soldiers.
Miss Hall, the Matron, is taking a well-earned rest, so I was received and hospitably entertained by her locum tenens, Miss Annie Hulme, Hon. Secretary of the Matrons' Council. The adaptation of the hospital to suit the new requirements has been a work necessitating considerable organizing skill, besides tact and prudence, as the management is now under the control of both civil and military authorities; the Matron and Secretary are to be congratulated upon the harmony of the result. The Secretary, Mr. Willoughby Bullock, is perhaps one of the busiest men in England just now. A man of great versatility and energy, he combines with his office the patriotic work of recruiting volunteers for the St. John Ambulance Brigade; he very kindly found time, however, to conduct me over the building, which is a triumph of ingenuity in its present form. There have been many serious cases, but most of them had responded to good nursing and were then convalescent. In the evening they arranged themselves with a gramophone and harmonium. From all appearances they are very well cared for in every respect. The hospital suits of royal blue, lined with white, gave a bright touch of colour to the wards, and looked very warm and comfortable as the men sat round a glowing fire. The wards are airy, spacious, and well lighted.

Stretched out in front of the fire in the commodious kitchen lay "Flora," the Great Dane, the cook's devoted friend and companion, and the faithful guardian of the hospital. Flora is herself a convalescent, having recently had pneumonia, and been carefully nursed by her! The colour scheme of the wards and passages is a distemper of pale canary, with a dado of dark green, which gives a soft and pretty effect. The Nurses' Home for the present is detached from the main building; additions to the staff have naturally been necessary.

The sight of an old Martello tower on the front gave a comfortable feeling of security as one looked out to sea and thought of invasion, which we earnestly trust will never become an actuality.

The Secretary would be glad to hear of or from any new subscribers. £3,300 are required for the annual support of the hospital, but the assured income does not exceed £2,712—a mathematical problem.

Beverley Kent.

**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, St. Bartholomew's Hospital on Saturday, December 5th. The President, Miss Cox-Davies, who came in the uniform of a Principal Matron, T.E.N.S., was warmly applauded on taking the chair.

The minutes having been confirmed the President said that two questions arose out of them, namely:—
1. It had been left to the Executive Committee to decide what sum should be placed to the Isa Stewart Memorial Fund, and £100 had been donated by Mr. J. Hulme.
2. The effect of the War on the proposed Congress of the International Council of Nurses at San Francisco. As Mrs. Bedford Fenwick was present, she invited her to report on this point. Mrs. Fenwick in a brief speech said that the War had ultimately affected trained nurses in many ways. Nothing would be absolutely settled about the Congress until the International Officers in the United States met in the New Year, but the National Council of Trained Nurses in this country had decided to recommend that the meeting and Congress of International Council of Nurses should be postponed until 1916 or later.

The next business was to receive accounts from members of No. 1 General Hospital, T.F., Experiences at the War, and with the Belgian Refugees.

The President gave an account of No. 1 General Hospital and of the difficulties contended with in
adapting a building intended for another purpose into a convenient hospital.

She mentioned that the hospital had a beautiful mortuary chapel in the arrangement of which she had been helped by a member of the League, and a former Sister.

She described the arrival of the first convoy of wounded, which, she said, was wild chaos compared with the absolutely automatic and beautiful way in which the convoys were received at the present time.

She mentioned the arrangements for the patients' food, which she said were not in her department, and which she would much like to improve. The cooking was most indifferently done, and she was convinced it might be much better.

No words, she said, could express her personal admiration for the way in which the members of the League had responded to the call to work in their Territorial Hospital. Many were holding important civil posts which it was extremely difficult to leave, many private nurses took up their duties at a great financial sacrifice.

The moment might never recur in the League when the influence of its founder, Miss Isla Stewart, would be so impressed on the work of its members, or that her spirit and example would so live through the staff of the hospital as it had done. Were she present, Mrs. Cox-Davies believed that there were few things she would be so proud of as the way in which the principles she had endeavoured to inculcate had been put into practice.

Mrs. Caiger then read an interesting paper on the work of the War Refugees Committee, of which Lord Hugh Cecil is Chairman, and Lord Gladstone, Hon. Treasurer; which was formed to deal with the Belgian refugees when they arrived in this country. Appeals were made through the press for funds, clothes, and hospitality, and arrangements made to meet the refugees at the various railway stations. The Committee did splendid service, working day and night, but a large number of those who arrived were more than they, a small voluntary body could deal with, for between 4,000 and 7,000 arrived in three days. Government was appealed to, and the organization placed in the hands of the Local Government Board, who called the Metropolitan Asylums Board to its aid.

Arrangements were then made with the Belgian Government to take 20,000 refugees, who were conveyed to London by the steamers and trains of the Great Eastern Railway—being met at Tilbury by officials and interpreters, given light refreshments, and taken to the institution to which they were assigned. The Jews were then taken to the Poland Street Refuge, the really ill or imminent confinement cases, of which there were a number, to the Edmonton Refuge. They were given hot coffee, milk, and food, and then allowed to go to bed. Some had not slept under a roof for days, and had had very little food, if any.

The arrangements owing to the admirable organization, worked without a hitch, except that the arrival of the boats to time could not be depended on. Finally the Government notified the Belgian authorities that they could not receive any more refugees, as by that time nearly 200,000 had been placed in this country, but small parties still continued to arrive at their own expense.

The clearing houses opened by the Metropolitan Asylums Board were: (1) The Poland Street Refuge for Jews (200 beds); (2) Hackney Wick Refuge (now reserved for cases suspected of having been in contact with infectious diseases); (3) The Edmonton Refuge (1,000 beds); (4) St. Giles' Home (300 beds), now closed; (5) Alexandra Palace (3,000 beds); (6) St. Anne's Home, Streatham Hill (from 600 to 700 beds); (7) Millfield House (about 100 beds); (8) War Refugees' Camp, Earl's Court (3,000 beds); (9) 621 cases were admitted to the Park Hospital (closed to refugees on October 27th); (10) Marylebone Casual Ward, used for troublesome cases from other Refuges.

Holland found herself so overwhelmed with interned belligerents, and Belgian refugees, that this country has consented to take 25,000 of the latter off her hands, and they are now arriving at the rate of 2,500 a week, coming to Harwich and London alternately.

The L.G.B. has only dealt with those arriving in London. The allocation of the refugees has always remained with the War Refugee Committee, which has handled, roughly speaking, 80,000.

Mrs. Caiger gave an amusing description of what she termed the "Battle of the nightgowns." Most of the women had never seen such garments before. Having got into them, the following morning they cut off the portion which appeared to them unnecessary, and refused to part with the upper portion night or day.

The President, before calling upon Miss Cutler to report on her work in Brussels, read an interesting letter from Miss Latham at No. 3 Clearing Station. At the conclusion of the business the meeting resolved itself into a social gathering in the Nurses' Home, where an "economical" tea was prepared.

NATIONAL UNION OF TRAINED NURSES.

The opening of "The Liverpool Club for Trained Nurses," in connection with the above, which took place on Thursday, December 3rd, was highly successful and enjoyable, and augured well for the future success of the club.

The opening took the form of a social meeting for members of whom there were a large number present. After tea and light refreshments had been enjoyed, a meeting was held to discuss the programme for the winter. Miss Whiston presided, and in welcoming the members, announced that Sir Jesse Boot, in addition to substantial financial help, had made arrangements for each member of the Liverpool Branch to have free use of Boots'
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INGRAM'S "Eclipse" HOT WATER BOTTLES
BRITISH MADE BY BRITISH LABOUR.
FITTED WITH STOPPER
GUARANTEED NOT TO SLIP OR LEAK.

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INGRAM'S "ECLIPSE" HOT WATER BOTTLES are personally examined and tested under strict supervision as to the Quality of Rubber, Workmanship, etc; and we assure our patrons that with careful use in any climate, and storage under favourable conditions, these high-grade quality, "Eclipse" Hot Water Bottles are warranted to give entire satisfaction, and will remain in a perfect state for a period of Two Years.

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NURSE CROSS'S
Breast Protector & Support
FOR NURSING MOTHERS,

PATENT No. 17178.
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It is made purposely light, so as to be worn under the usual clothing, and gives valuable support to the breasts.

Please send circumference of breast near chest wall and bust measurement.

SIZES IN STOCK—Circumference of Breast, 16, 17, 18, & 19 inches.

PRICES 2/11, 3/-, Larger Sizes 3/6 POST FREE.

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Numerous Testimonials can be seen on application.
lending library for six months. It was decided to have fortnightly lectures on various subjects beginning in the New Year: the lectures to be alternately in the afternoon and evening. It was also decided to have a debating society, and as the club membership increases, it is hoped to have other societies for the recreation and enjoyment of the members.

WOMEN AND WAR.

We warmly sympathise with "Inviuta," who writes as follows to the Observer: "I have just received a letter from one of my own son, who, together with other young men, have thrown up good jobs in answer to the call to 'Fall in,' and are now quartered at Burgess Hill, in Sussex. In this letter he says: 'The girls here wear badges, having pledged themselves not to speak to a soldier.' While I fully agree that it behoves girls at all times to be circumspect and discreet in forming acquaintances, I consider it an abominable aspersio on the King's uniform, and an act of disloyalty on the part of any person, thus to extort from girls an oath to boycott the lads who have the courage to brave the risks, the hardships and privations of a soldier's lot in this terrible war."

And we as strongly dissent from the resolution passed by the Central Council of the Mothers' Union—"That the Central Council of the Mothers' Union desires to call attention to the grave danger to the community arising from the grant of pensions to the married dependents of sailors and soldiers; it urges most earnestly upon the Select Committee the importance of establishing the principle that pensions should only be granted to widows and dependent relatives of sailors and soldiers." If such an un-Christian principle is adopted by the Select Committee, then the War Office is in duty bound to refuse the gallant services of any father of illegitimate children, so that they and their mother may not be left to starve.

The North has always been noted for the sturdy independence of its sons and daughters, and it was not to be expected that soldiers' wives should take lying down the imputations on their honour made by the Home Office.

It seems deeply ingrained in the minds of men that women are not to be trusted with money, and that those who have it are liable to go wrong. Whereas the fact is that no one knows its value better, and most women can make a shilling go twice as far as a man.

The soldiers' wives at Preston bitterly resent not only that particulars in regard to them and their families should have been sent, under instructions, by Army paymasters, to the chief constables of the districts in which they reside, which have been indexed for the benefit of the police authorities; but that, following on this, the Home Office has issued a memorandum to the police, asking them to take "discret and tactful action to assist women who are receiving larger sums than they previously enjoyed, and have not now the company and guidance of their husbands, from being led momentarily to careless spending of money and excessive drinking.

Following on this, the Mayor of Preston made the sweeping statement that:

"Another question was that of the misconduct of the women left behind. One did not like to have to admit it, still it was a fact that these women, left without the protection of their husbands and with more means than they sometimes had, were now indulging in evil practices."

This and other statements so outraged the women, amongst them a Mrs. Hunter, that next time the soldiers' wives met at the General Post Office to draw their allowances they harangued them with such effect that they determined to fight the matter out. The result was a complete vindication of the soldiers' wives of Preston. Not one case in which one of them had taken to drink could be substantiated.

Then the Soldiers' Wives' Committee carried the war into the enemies' camp, memorialized the Relief Committee, requested that a deputation might wait upon it to reply to the charges in the presence of the members, and on being received proved that no atom of evidence had been proved against soldiers' wives as a class.

 WHAT CAN A LITTLE CHAP DO?

What can a little chap do
For his country and for you?
What CAN a little chap do?

He can fight like a Knight
For the Truth and the Right—
That's one good thing he can do.

He can slum all that's mean,
He can keep himself clean,
Both without and within—
That's another good thing he can do.

His soul he can brace
Against everything base,
And the trace will be seen
All his life in his face—
That's a very fine thing he can do.

Though his years be but few,
He can march in the queue
Of the Good and the Great,
Who battled with fate
And won through—
That's a wonderful thing he can do.

* * *

By John Oxenham.
In Princess Mary's Gift Book.

COMING EVENTS.

December 15th.—Penal Board, Central Midwives Board, Caxton House, S.W., 11.30 a.m.

December 16th.—Examination, Central Midwives Board in London, Birmingham, and Bristol.

The Oral Examination follows a few days later.

December 17th.—Monthly Meeting, Central Midwives Board, Caxton House, S.W., 3.30 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.

PRIZE WELL SPENT.
To the Editor of The British Journal of Nursing.

DEAR MADAM,—Thank you for the cheque. I am sending a formal acknowledgment to the Office to-morrow, but I feel I must say once more how pleased I am to have won the prize again. I am spending it this time on the Local Fund to supply Christmas cheer to our Exmouth boys who are fighting for us.

Yours very truly,

DORA VINE.

Eversley, Exmouth.

DOCTORS TO BLAME.
To the Editor of The British Journal of Nursing.

DEAR MADAM,—"Sorry for the Wounded" is right; if only the doctors would refuse to give directions to untrained women, the "emotional" nursing scandal would fizzle out. But, in this district, the doctors teach the Red Cross pupils, and their wives or daughters (absolutely ignorant of nursing) act as Commandants of Red Cross hospitals bossed by their country patients. The whole Red Cross nursing system thus revolves in a vicious circle. It is a cruel shame that wounded men should be at the mercy of such a snobbish autocracy.

Yours truly,

MARION C. PATERN.

COVERING THE UNQUALIFIED.
To the Editor of The British Journal of Nursing.

DEAR MADAM,—I have been "covering the unqualified" in a Red Cross hospital for some weeks; it is a pity the Secretary of State for War cannot be warded in it for a few days, then, perhaps, the War Office would realise what suffering is entailed upon our brave soldiers by the lack of the services of sufficient trained nurses. It is impossible to make the patients really comfortable, or "nurse" those seriously ill. I have asked to be relieved from duty in this hospital, as I cannot conscientiously continue covering up all this muddle, and seeing things go wrong for need of an efficient nursing staff.

Yours truly,

MEMBER R.N.S.

WHY AMATEUR NURSES?
To the Editor of The British Journal of Nursing.

DEAR MADAM,—Why are untrained women allowed to take any part, however minor, in the dressing of our soldiers' wounds, either at home or abroad? The kind of cleanliness required in surgical nursing is not easily grasped, and only those who have had a thorough surgical training really understand it, far less practise it. Every surgeon knows how all-important to his results this cleanliness is, and how much harm may be done by the conveyance of germs through incompetency on the part of a nurse.

No doubt such a lesson will be learnt from this War that amateur nurses will cease to exist in the future; but why do we English always wait until we have had a lesson? We are intelligent enough to know that a village apprentice dressmaker cannot turn out a Redfern costume, but we are not intelligent enough to understand the dangers our soldiers are exposed to by sending women to nurse them who are not nurses at all.

Yours truly,

A SOLDIER'S WIDOW.

[Why, indeed?—Ed.]

TEACHING DISORGANIZED.
To the Editor of The British Journal of Nursing.

DEAR MADAM,—As a Sister of a ward chiefly interested in teaching the probationers, may I emphasise a point in connection with the admittance for a few weeks' insight into hospital wards of Red Cross and St. John Ambulance workers? I find that these ladies are as keen as can be about the work, and naturally want to cram in all they can in the short time at their disposal. The result is the regular probationers who have four years in which to learn their work, let them do an undue share and become exceedingly slack. My ward and routine teaching thus get much disorganised.

Yours truly,

A MEMBER NATIONAL COUNCIL TRAINED NURSES.

[This was the reason which primarily prompted the authorities of the Royal Victoria Hospital, Belfast, not to take these short term pupils.—Ed.]

REPLIES TO CORRESPONDENTS.

New Probationer.—It is a good plan to keep a Diary all through your training and put down in it each evening any new things you have seen or learnt, any observations you may have made. You will be surprised to find how interesting it becomes.

OUR PRIZE COMPETITION.

QUESTIONS.

December 10th.—When is drainage used and why? (a) Name four methods and material that may be employed?

December 20th.—Define the words (a) sterile; (b) asepsis; (c) disinfectants; (d) sterilization; (e) what is most effective?

NEW SUBSCRIBERS.

The Editor hopes that every reader who values The British Journal of Nursing will encourage her friends to subscribe for it, so that its constructive work for the profession may receive ever increasing support. Don't forget that it is the only weekly journal edited by a trained nurse, and which supports (1) an efficient standard of Nursing Education, (2) State Registration of Nurses, and (3) Just Economic Conditions for Nurses.
The Midwife.

A REVIEW OF MIDWIVES' INSPECTION.

Dr. Alfred Greenwood, B.Sc., D.P.H., County Medical Officer of Health for Kent, has included in his Annual Report for 1913, in addition to his review of the administration of the Midwives Act in the County of Kent for the year, a Review of Midwives' Inspection 1909-1913, in which he states in part:

"It is now possible to present a record of five years' work in connection with the inspection and teaching of midwives in the county. It is only by such periodical reviews that one is able to state whether satisfactory progress is being made or not."

"I have included the impressions by Miss Harrison and Miss Crownshaw for the five-year period ending December, 1913. The former supervises the work of the midwives in the Northern and Western portions, and the latter supervises their work in the Southern and Eastern portions of the county.

"I desire to express my appreciation of the work carried out by Miss Harrison and Miss Crownshaw, and of the enthusiasm they have invariably shown in the task of improving the standard of midwifery in the county.

"In reviewing the period extending from May, 1909, to December, 1913, it is interesting to note the changes in midwifery work generally. Miss Harrison says that when she first inspected the midwives, they received her with mixed feelings. Few realised that the inspection involved not only supervision and criticism, but also useful instruction and assistance. Some adopted a defensive attitude, others were apprehensive, expecting great changes and dreading the unknown, and a few were inclined to evade inspection, by absence when visited, and reluctance when questioned with respect to their methods of practice. Records and outfits were mislaid or supposed to have been left at relatives' or patients' houses. The majority of women were prepared for a casual inspection of bag, outfit and register of cases, and were mostly unaware of their deficiencies.

"It is pleasing to record that inspection is now rarely resented, and that the majority of the midwives are realising that supervision of their work is in the best interests of mother and child; also the object of inspection is to enable the midwives to work more efficiently, and lessen their own worries and responsibilities in thus reducing the dangers to mother and child.

"As regards the bags and baskets in use, it was found that a great variation existed in both size and quality, ranging from the complete and cleanly equipment of the trained and conscientious midwife to the makeshift bags or baskets of the woman who had never been taught, or the careless trained woman. Many bags and baskets were without washable linings, and were consequently in a very dirty condition; few were complete, and many midwives took what items they considered necessary in their dress pocket. Amongst the bona fide women, thermometers and pulse glasses were scarce and seldom used, and Condy's fluid was the favourite antiseptic. One woman carried a silk-lined hand-bag, another a small chip-basket, black and shining with dirt and age. Many of the baskets were also used for shopping purposes, and such articles as tea, sugar, tobacco, candles, slippers, combs, &c., were mixed with the outfit. Some midwives even took with them stale raisins for the navel, and rabbits' tails for use as powder puffs; salt, pepper, &c., were also considered necessary items.

"The model midwifery-basket containing a specimen of the outfit required by the rules of the Central Midwives Board (provided for demonstration purposes), was shown to the midwives, who received it with admiration. It enabled the less educated women to realise more easily what it was necessary for them to obtain and use. Many despaired of acquiring and maintaining a similar one, but after a simple and full explanation the idea was assimilated. On subsequent visits it was gratifying to the inspector to receive numerous questions and appeals for help in deciding how to adapt the bags and baskets in use, so as to conform to the new requirements. Help was given in various ways, such as in cutting out and fitting the linings of bags or baskets, or making small calico bags to contain the outfit. Prices of the various items in the model outfit were supplied.

"It is a cause of regret that many of the untrained— and, in the majority of cases, unsuitable women, with the ignorance and superstitions of the old type of midwife, are now engaged as maternity nurses, and too frequently continue to deliver and nurse their former patients, with the consent of the medical man in attendance. To this long list must be added those women who have been removed from the Midwifery Roll for misconduct. Since the Maternity Benefit came into force this pernicious custom has increased, and the necessity for all maternity nurses to be registered and controlled is obvious, in order to further safeguard the health and lives of the mothers and children, and so advance the good results obtained by the Midwives Act, 1902.

"The trained woman is gradually displacing the bona fide woman in the towns and large villages, but in sparsely populated districts there is not sufficient work to support a midwife without other means of obtaining a living."
FLEUR-DE-LIS.

There is no more charming story in “Princess Mary’s Gift Book” than that of a baby by Kate Douglas Wiggin. If the book were not full of good things it would be worth while to secure it for this story alone. Besides, the profits are given to the Queen’s “Work for Women Fund,” which is an additional reason for purchasing it.

“Fleur-de-Lis” has been christened Marie Hortense Amelie Dupont; Marie for her mother, Hortense and Amelie in honour of the two Viscountesses de Rastignac, sole survivors of the proud old Royalist family in whose service Marie’s mother and grandmother had lived and into whose service Marie herself had been born. But when les petits Marie Hortense Amelie was a mere blossom of babyhood she foresaw the name that the priest had given her as he touched her downy head with the holy water, and chose instead to be called Fleur-de-Lis, a name in sooth much better suited to a noble daughter of the Rastignacs than to a child of Marie Dupont, maker of tissue-paper flowers, and Pierre Dupont, street musician.

“Fleur-de-Lis” had first opened her eyes in a very humble chamber, but it was large enough to hold a great deal of sweet content, which grew all the sweeter when she came to share it. There were only two rooms for father, mother and child, and these were in a dreary tenement house, for Pierre Dupont, a stranger in a strange land, was having a desperate struggle with poverty. On being discharged from the hospital, where he had passed through the dangerous illness that left him a maimed and broken man, he had to begin the world all over again, and to begin it single-handed in very truth.

He managed to scrape a living together by playing a street piano in which he invested the last of his savings, and Marie who was young and pretty and loyal, when affairs were most desperate offered to take the baby Fleur-de-Lis and accompany her husband, gathering the pennies in a tambourine while he ground the so-called music from the piano with the left arm, that grew so weary with the monotonous service, but Pierre would not have it. “So Maman Marie, loving him more than ever for his chivalrous regard of her, took up an almost forgotten pastime of her girlhood and fell to making artificial flowers, which she sold to an old woman who stood on the street corners and offered them to passers-by.

Fleur-de-Lis’s cradle had curtains made of a bit of tricolour, and from the centre of the canopy there hung a medal of the Virgin swinging on a narrow ribbon of blue. The cradle itself was a wooden box, and Marie, with a maternal ingenuity that surmounted the lack of ordinary materials, had lined the inside of the hood with tissue paper flowers, white and blue fleur-de-Lis to match those on the faded satin overlet, a fragment of ancient grandeur, where the Rastignac coat of arms was interwoven with the Bourbon lilies of France. And when the baby’s vagrant gaze wandered to the flowery heaven above her head, and her pink fingers reached to touch it and to stroke the soft counterpane, Maman Marie would tell her the name of the posies; and so after a time, when she discovered that people and things possessed names, Marie Hortense Amelie, Mademoiselle Bebe, elected to call herself Fleur-de-Lis. It was the first word she lispéd, and she attached it to herself with the utmost complacency. It was appropriate enough, for she looked as if she might have been originally intended for a flower, and then somehow a soul had strayed into the flower and it had fluttered down to earth as a child, a curious blossom to come from lowly stock, a kind of tender and beautiful miracle wrought out of common clay by the fashioning and refining power of love. At times, when Marie sat at her work and looked at Fleur-de-Lis cooing and smiling under her tri-coloured curtains, she forgot the strange land outside the windows and the babel of strange tongues in the crowded tenement, and as her deft brown fingers shaped the tissue flowers she saw in fancy the poppies and the wheat and the lilacs of her native Breton fields, and if Fleur-de-Lis slept she hummed a Breton lullaby as she twined her paper nosegays. What wonder then that there was a French air about them that attracted purchasers.”

INFANT WELFARE.

At the annual meeting of the Hayward’s Heath, Lindfield, and Scaynes Hill Nursing Association, Mrs. Russell gave an interesting address on Infant Welfare, in the course of which she said that the question of infant welfare was closely related to the question of war. It was only after the Boer war that the subject of the health of babies and their mothers was seriously taken up. Mother love was not the same thing as mother knowledge. It came as a terrible shock to find that although the general rate of mortality had gone down, infantile mortality had stood at a standstill for seventy years.

So many men willing to enlist were rejected owing to some physical disability that the Government took alarm and inquired into the health of the nation. On getting back to school children, large numbers were found suffering from physical defects. From the school children they got to babies, and then to the mothers. All over the country infant welfare centres were springing up to help the babies and to help the mothers. The old-fashioned nurse had gone, and the new fashioned sensible scientific midwife had taken her place. These were doing a great work in a great unassuming way. The Notification of Births Act had come into operation as an adoptive Act, and they had seen Infant Welfare Centres, Schools for Mothers, and Baby Welcomes established, either municipally or voluntarily. We wanted all our boys and girls to grow up into healthy citizens. Maternity and the life of the infant now became the special care and a charge upon the nation. She described in much detail the work that went on at a typical centre, and said that now Government grants were obtainable half the financial difficulty had disappeared.
EDITORIAL.

CHRISTMAS GREETINGS.

Ring and ring.
Bells of joy! Our chorus ring
Send the song of peace abroad!
With a sound of broken chains-
Tell the nations that He reigns,
Who alone is Lord and God.

This issue of the Journal brings to our readers the best wishes of the Editor for Christmas.

The season of peace and goodwill is this year overshadowed by the gloom of war, and the thoughts of all are concentrated on what may be done to lighten that shadow, and to bring comfort and peace to those upon whom it falls.

To the brave sailors and soldiers in whose hands rests the defence—the very existence—of the Empire, all hearts go out, and there are none of them who will not receive a reminder that the Nation's thoughts are with them, for to every man will go the Princess Mary's Christmas gift, besides many others from relatives and friends.

At home, as we state elsewhere, steps are being taken to make the day a festive one for men home from the front and in hospital, and besides, we have with us the wives and children of our soldiers who need our friendship, and the thousands of Belgian refugees whom we hope to make understand something of the warmth and joy of a British Christmas.

But, while we expend our energies and thoughts in these directions we must not forget that they make special demands upon us, and that the many charities which have claims on us at this season must not suffer. The voluntary hospitals, and especially the children's hospitals, need our help not less but more just now, and we all know many charities, and many friends and neighbours, to whom it is our custom to send tokens of goodwill for Christmas and the New Year. As far as possible it should be our aim to send our usual gifts, for any departure from our ordinary course means hardship for some one, whether because these gifts are not forthcoming, or because those who provide them and depend upon our support are thrown out of employment. "Presents as usual," should be our aim.

To our many friends abroad our thoughts go out in heartfelt good wishes, and we are sure, so strong is the affinity between the nurses of the various nations, that we have theirs also, and that feelings of good will and sympathy are making themselves felt across the oceans which divide us.

A very special message goes out from this Journal to the hundreds of trained nurses who are at work in hospitals at home and abroad, endeavouring to repair the ravages made by war in the ranks of our fighting men, to restore them as far as may be to health, physically and mentally, to preserve limbs, which without constant skilled care must be lost, and to bring to the wards that atmosphere of disciplined work, cheerfulness and hope, which is one of the best assets in dealing with the sick.

Knowing, as we know well, the devotion to duty, and to the interests of their patients, of the members of our profession, we are confident that in conjunction with the skilled treatment given by the profession of medicine the sick and wounded of our Navy and Army have every possible chance, when in their care; and because this is so, and because our sailors and soldiers realize the value of their skilled services, we claim for every one of those injured in this war the trained care of the profession which, without measuring the work it gives against the very small material reward which it receives, renders invaluable services to all who need them.
Mending Rubber Gloves.—Cut a circular patch from an old rubber glove. Then roughen the area about the hole or perforation with sandpaper. Apply rubber cement to the glove and to the patch, and stick the patch on and hold it until it dries. Sometimes a patch will loosen when boiled in water, but in this event another patch can be applied.

Care after Use.—After using, rubber gloves should be washed with soapy water, then sterilized by boiling five to ten minutes, thoroughly dried inside and out, and powdered freely, into the fingers as well as the hands of the gloves, to keep the surfaces from adhering. If not to be used often, it is a good plan to insert a piece of gauze into the gloves also to keep the surfaces apart.

Putting on Gloves.—Gloves are put on by both the wet and dry methods, but if the hands are to remain in the gloves for more than a few minutes, the dry method is preferable.

When removing, the gloves slip off easier if the hands are held under water. Whichever method is used, the difficulty in sterile work is in putting the gloves on under a strict aseptic technique. Regardless of the fact that the hands themselves have been sterilized, they should not be brought in contact with the outside surface of the glove when putting the gloves on.

The following is one surgeon's method, and is recommended because there is no break in the chain of asepsis, and the method is rapid. Here are the various steps of the method:—The surgeon's hands have been sterilized, and he has been helped into his sterile operating gown. He has powdered his hands with sterile powder (Fig. 1). It is far better to powder the hands than to powder the gloves. When the powder is put into the gloves it immediately works into
the finger tips, thus interfering with the sense of touch. The cuffs of the gloves were turned back before sterilizing, and the gloves were placed in a cloth cover. The surgeon removes the sterile cover from the gloves (Fig. 2), takes one glove by the turned-back cuff, and readily pulls it on if the hand has been freely powdered (Fig. 3). After one glove is adjusted, and before the cuff is rolled back, the surgeon lifts the other sterile glove by slipping the fingers of the gloved hand under the turned-back cuff (Fig. 4). By this method only the external surfaces of the gloves come into contact.

After the second glove has been put on, the cuffs are turned back over the sleeves of the gown (Fig. 5) by pulling upward with the fingers under the external surface of the glove. Notice that the sleeve of the gown is folded in a plait to make a smooth surface under the glove. After both cuffs are adjusted, sterile rubber bands are drawn over the hand and placed near the upper edge of the glove to hold the sleeve and glove from drawing apart (Fig. 6).

Fig. 6.—PUTTING ON STERILE RUBBER BANDS TO HOLD THE SLEEVE OF THE GOWN AND THE CUFF OF THE GLOVE FROM SLIPPING.

The efficient care of rubber gloves is a question which intimately concerns every nurse, and we feel sure that our readers will appreciate, and profit by, the above article, and the pictures which so clearly illustrate the text.

THE DANGER OF UNTRAINED NURSING FOR THE SICK AND WOUNDED TROOPS.

As reported in our last issue, the Resolution passed at the Annual Meeting of the National Council of Trained Nurses of Great Britain and Ireland, expressing its opinion that the standard of nursing for the sick and wounded should be of the highest quality in military auxiliary hospitals, and petitioning the Secretary of State for War to prevent the expenditure of public subscriptions in inefficient nursing and the dangerous interference of untrained and unskilled women, was sent to Lord Kitchener. In reply, a letter has been received from the Director-General of the Army Medical Service, asking that evidence in support of the Resolution shall be placed before him. Mrs. Bedford Fenwick, President of the National Council, is preparing the evidence on the question, and will submit it to the Director-General in due course. Any further evidence of the lack of efficiency and discipline resulting from the employment of untrained women in institutions which receive sick soldiers, which readers of this JOURNAL desire to submit, may be sent to Mrs. Fenwick at 20 Upper Wimpole Street, London, W.
THE ROYAL HOSPITAL, CHATHAM.

The adequate care of sick sailors is a subject very close to the heart of the nation, which realizes its deep debt to the sailors who man the ships of the Royal Navy. The Royal Naval Hospital, Chatham, is the newest and most perfect of our naval hospitals, and it is with pleasure that by the kindness of the editor of the Ladies' Field, and by permission of the Admiralty, we are able to publish the portrait of Miss Margaret H. Keenan, R.R.C., Head Sister in Queen Alexandra's Royal Naval Nursing Service, stationed at the Royal Naval Hospital, Chatham, and of one of the perfectly equipped kitchens at the same hospital, where the cooking is done entirely by electricity. Miss Keenan was trained at St. Bartholomew's Hospital, London, and was for six years at Osborne in the Cadets' Sick Quarters, being on duty there while the Prince of Wales and Prince Albert were in training.

When we lie safe in our warm beds at night, let us give a thought to the brave men who guard our coasts that we may sleep secure. Whatever we can do to mitigate the rigour of the night watches, should be done quickly. There should be comforts in plenty for the Fleet.

MISS MARGARET H. KEENAN, R.R.C.,
Head Sister in Queen Alexandra's Royal Naval Nursing Service.

ONE OF THE KITCHENS AT THE ROYAL NAVAL HOSPITAL, CHATHAM, WHERE THE COOKING IS DONE ENTIRELY BY ELECTRICITY.

Photograph by special permission for the Ladies' Field.
STATE REGISTRATION OF NURSES.

In a synopsis of the proceedings of the Annual and Special Representative Meetings of the British Medical Association, held in Aberdeen last July, the following declaration of Policy on the State Registration of Nurses appears in last week’s issue of the British Medical Journal.

That the Representative Body realises its opinion that the State Registration of Nurses is desirable.

That it be an instruction to Council to take afresh such steps as it considers desirable in order to obtain:

1. Unanimity amongst the various interests concerned as to the essentials of a Nurses’ Registration Bill.
2. Satisfactory evidence that there is a large professional opinion in support of these essentials.
3. The support of the Government for legislation next session on the lines of these essentials.

It is therefore the clear duty of every trained nurse who realises the helpless position of the public in its relation to trained and safe nursing under the present unsatisfactory conditions, to urge every medical man she knows to support the opinion of those who compose the Representative Body of the British Medical Association.

No further evidence of the urgent necessity for registration need be advanced than the risks run by our gallant troops wounded at the front—that is to say, outside the stationary hospitals of the Expeditionary Force, the regular Military Hospitals and the Territorial Hospitals. With the exception of these hospitals, there is absolutely no guarantee whatever that sick and wounded soldiers will be nursed by trained nurses at all. Indeed, the risks they run in voluntary hospitals, at home and abroad, are a national scandal, and one, moreover, the Press with few exceptions declines to criticise, owing to the power of social influence. It is almost incredible that we should have received letters advising that this question should be pushed up until after the war.

That is not our way.

Nothing could be more foolish and unpatriotic.

We are concerned with the comfort, recovery, limb and life saving of the sick at all times. We are doubly concerned with it in the present crisis.

We claim, and shall continue to claim, that it is the duty of the State to guarantee a standard of safe skilled nursing to the public, just as it does a safe minimum standard of medical treatment, and that by failing to do so, it shows a lamentable lack of responsibility to the sick as a whole, and at the moment more especially towards the men risking their lives for the Empire.

Let every patriotic nurse therefore realise her duty, and work hard for the passing of the Nurses’ Registration Bill next Session. Don’t forget that it passed its first reading in the House of Commons last spring by a majority of 220 votes. Time and opportunity for a second reading are therefore now our right. Let each nurse work to secure it.

NURSING AND THE WAR.

Many congenial bits of work fall to the lot of trained nurses in the course of their duty, and Miss Borrett, a member of the Registered Nurses Society, is at present engaged in one which is specially interesting.

The thousands of readers of this Journal who have read and re-read “Ships that Pass in the Night” and other books by its talented author, Miss Beatrice Harraden, will realise that when she was invited from America to inspect and report on the arrangements for the Refugees in Holland, a happier choice could not have been made. Owing to a serious accident, Miss Harraden had occasion to consult her medical adviser as to whether she should undertake this work, and the reply was, “Yes, it you take Nurse Borrett with you.” So because the nurse can do her part, the splendid writer will no doubt be able to give to the world work of the greatest value. We congratulate both.

With that genius for being on the spot just where work and interest are centred, we learn that Miss Violetta Thurstan arrived at Lodz where she was asked by the Russian authorities to go, just before the German advance there. Brief letters received in this country from her, show that her services, and those of Miss Grey who accompanied her, are badly needed. Three nights’ sleep a week they allow themselves, otherwise they are engaged day and night in doing dressings.

A second unit of the Scottish Women’s Hospital for Foreign Service, organised by the National Union of Women Suffrage Societies, has left Edinburgh, their destination being Servia. They were in charge of Mr. William Smith, of Aberdeen, and included Dr. K. Macphail, Glasgow; Miss M. A. Macdonald, Skibbereen; Miss Mellen, Edinburgh; Miss Isabella Mitchell, Skibbereen; Miss Janet Reid, Dundee; Miss R. M. Barr, Gourock; Miss J. Hope, Glasgow; Miss Adamson, Edinburgh; Miss Jordan, Backhead; Miss A. M. Hunter, Glasgow; Miss Louise Fraser, Dundee; Miss E. Patrick, Glasgow; Miss Ford, Montrose; Miss Penny, Glasgow; and Miss Camfield, Dalketh. They were joined in London by fifteen members of the English contingent. The women, wearing grey uniforms with felt hats to match, attracted a good deal of attention.
BRITISH NURSES IN FRANCE.

Many people consider nursing in French hospitals so hopeless that to help the French soldiers Anglo-French and Anglo-American hospitals have been organised in many parts of France. This opinion has been formed on pretty good evidence of the conditions generally obtaining in hospitals nursed by nuns, and by untrained Red Cross workers, but for all that there is also evidence that the British trained nurse is beginning to make her mark wherever she has a chance of proving her powers, and we are of those optimistic persons who firmly believe that a little good done is better than none, and that nothing of good is ever lost or wasted.

We get peeps into many French hospitals in letters from over the Channel, and are not surprised to learn that jealousy plays its usual cruel part in opposing the efforts of trained nurses. But have we not just the same demon to fight at home? One nurse writes: "It is awful to watch the red cross ladies doing the dressings, often giving needless pain through their ignorance, for to receive a red cross certificate is a very high qualification here, and they are most jealous of the dressings, so that we have to suffer in silence, unbandaging and bandaging, often cleaning up the wound surreptitiously, and mopping up iodine and silver nitrate spilled all over the skin before reapplying the bandage."

Another writes: "From other quarters you must have heard the many difficulties that arise to meet English nurses working in France. We have been particularly isolated here, and with so few of us it has been quite impossible to organise nursing in a large institution, with probably 120 untrained helpers, who insisted on doing dressings, above all, feeding the patients with dainties, and then gazing in amazement at our attempt to make beds and keep things clean. It was evident from the beginning that we would be forced to walk " gingerly " and it has been by doing what we could and in some cases doing in Rome as the Romans, that we have managed in the slightest degree to gain the respect of the other workers. Even more difficult has it been to get the medical men to realise the meaning of " certificated " nurses, and to recognise our nursing powers. Can you imagine the feelings of a " diplomé " when a doctor deliberately chooses in her presence a young man, by trade anything, to give several anaesthetics in a morning, or perhaps to do a big dressing in his absence? However, that is finished; we have worked quietly and we have gained."

The writer of this letter is the right woman in the right place. How incomparable is common-sense!

Another nurse writes: "Our hospital is our own, we work it entirely with helpers from the village, untrained, but kind and most willing to learn. There are three separate buildings which were schools, with from 28 to 30 beds in each, and beds at the convent, nursed by nuns: 50 beds, at Baron — ' s Château, which is a most beautiful place, well equipped, originally intended for convalescents, but now used as a regular hospital, and worked by three British nurses. . . . We were sent down by Countess H — to open this hospital, but I am grieved to say we are not well treated, and the administration is in such a muddle the whole scheme may fail. Our French doctors (trained in England) cannot understand the attitude of the committee, and are utterly ashamed of it."

"It is a brighter tale to turn to the patients. Our first batch (120 men) were principally Soudanese and Singalese, the second all French. Shall I ever forget the stretchers coming in, and the still, black figures? Not a sound; only their eyes moved. icy cold they were, badly wounded, patiently enduring. They had been in the train three or four days, some had been wounded for three weeks, no attention but the first field dressing, the wounds of many pouring with pus; typhoids and scarlet fever amongst them. We had four deaths from tetanus in a week. How pitiful are the military funerals! We have sent a good many back to the firing line, and they go most bravely. From our English stores we fit each one with woollen comforts; they are most grateful.

"Our ' darkies ' are so interesting; their gratitude and devotion are most touching. I have a ward of 14 beds, and from the beginning have done most of the dressings, so that ' Madame Sister ' is a wonderful person in their eyes. One morning I had extra time off; the patients were told I was dead. One shook his head, and pointing to the ceiling said, ' Non, le bon Dieu ne fait jamais ça,' and when I arrived the welcome in Soudanese, Singalese, Arabic and French was not to be forgotten. We have been reading about the French Flag Nursing Corps. After all our experiences, amazement is the only word that expresses what we think. They will never realise in England what a big thing has been accomplished in having the French Government recognise this corps of British nurses. We who have worked here, and know the Red Cross opposition to any such scheme, can realise its significance.

"All the time the men have been dying in the trenches and elsewhere, for want of good nursing, there have been dozens of English nurses waiting in Paris for work they might not do, and dozens of ambulance men longing for about five weeks—the soldiers in utmost need. It made one's heart ache to think of it. I read of the French Flag Corps work, out of The British Journal of Nursing, to our surgeons. They can hardly believe it. ' What! English nurses in French military hospitals! Amazing!' Our patients who have been in them tell us of the terrible need of good nurses, and say they are in an appalling state. If this hospital is closed later we would much like to join the Corps with which you have had to do."

December 19, 1914
FRENCH FLAG NURSING CORPS.

Trained nurses are beginning to learn that in War time their orderly arrangements are often scattered to the four winds. Thus just as the Unit (No. 13) of the National Union of Trained Nurses was ready to start on Sunday last, the weekly boat to Bordeaux thought otherwise and put off sailing at all! The Unit has therefore had to put off its departure until Friday. It will be composed of the following nurses: Miss C. P. M. Tod, Supervisor, cert. Western Infirmary, Glasgow; Miss F. A. Sparrow, cert. Bethnal Green Infirmary; Miss F. Urquhart, cert. Charing Cross Hospital; Miss L. Atkinson, cert. Chester Royal Infirmary; Miss M. A. Drennan, cert. Royal Infirmary, Oldham; Miss P. Roussin, cert. General Infirmary, Manchester, and Miss M. E. Eason, cert. Royal Infirmary, Bradford.

The Irish and Scottish Units (Nos. 11 and 12), which left London by boat on Sunday, December 6th, did not land at Bordeaux until the following Thursday. The nurses received "a charming reception" on the quay from Sir Thomas Bruce, Miss Grace Ellison, and the head doctor, M. le Colonel Martin du Mangny, to whom the two Supervisors, Miss Gargan and Miss Cargill, were duly presented, and who extended to them and the nurses the kindest welcome. The Hospital Mulhouse 25, Talence, Bordeaux, was originally a Lycée, and contains 700 beds, which is to be nursed by French ladies and others. The new annexe, quite recently built, planned by Dr. Mangny on the pavilion plan, and also to contain 700 beds, is to be given over to the British nurses of the French Flag Nursing Corps, who must be on their mettle, as no doubt statistics will be made of the results of trained and untrained nursing. The nurses express their satisfaction at this arrangement as they will be able to organize the work on the system on which they have been trained. The annexe is not yet quite finished, nor are the nurses' quarters, but they are occupying temporary accommodation whilst their own quarters are being finished. The doctor is most anxious that the nurses should be happy and comfortable, and has made enquiries as to if their food is good and sufficient; considering the chef from the Hotel de France is in charge of the commissariat, the cooking, all agree, is excellent.

The Lingerie, as in so many French hospitals, is reported to be perfect in every detail, all managed by soldiers, one head woman and half a dozen others busily getting everything ready for the use of the hospital. Our English nurses have much to learn from the French in the management of linen, and we hope they will avail themselves, if permitted to do so, of the opportunity to study French methods. In this connection a nurse writes: "We consider ourselves very fortunate. I think the hospital will be ideal when finished—as one part is to be exclusively English, we shall have the pleasure of arranging our wards, operating theatre, etc. We are all happy that our Doctor calls us his nurses."

Miss E. J. Haswell has been summoned to Bordeaux from Rouen, and will act as Surveillante of the whole annexe of the new hospital. Miss Gargan and Miss Cargill took letters of introduction to Dr. Anna Hamilton, of Bordeaux,
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the Vice-President for France, of the International Council of Nurses, to whom they will pay their devoirs at an early date.

The F.F.N.C. Unit of Nurses trained at St. Bartholomew's Hospital, London, have been working at the Hotel Frascati, Havre, now like so many hotels in France, being used as a hospital for the wounded.

We feel sure New Zealand nurses will rejoice to learn that the four "registered" New Zealand nurses working under the French Flag Nursing Corps have been on active service from their superiors. Sisters Lind and Hitchcock have gained respect at Rouen, and Sisters Cooke and Eaddy we learn, are very much liked in their "services" at friends like to send me out little presents they will be gratefully received. Games, cards, hankies, tobacco pouches, and puzzles are the sort of gifts I should like."

THE JOINT WAR COMMITTEE.

Nurses' Branch.

Miss K. Maude Moore has been appointed Matron of the Red Cross Hospital, Netley. Miss Moore was trained at the St. Bartholomew's Hospital, and has held various positions of responsibility.

The following nurses have been sent on active service from St. John's Gate, E.C., under the authority of the Joint War Committee:—

Hotel Temporair Militaire; Women's Corps, baten, Cauodes.—Miss A. Catharnos and Miss F. Ward.

Bernay, and it is not improbable that the former will be made Interpreter Major, as her doctor thinks very highly of her work. We feel sure our numerous readers in New Zealand will rejoice at their success, especially in a service so novel and difficult.

Miss Hanping, Interpreter Major No. 27 Temporary Hospital, Bernay, Eure, France, will receive with much gratitude any gifts of a suitable nature for the patients at Christmas. We hope some may be sent to her.

Sister Edith, R.N.S., who is working at the Hôpital de la Croix Rouge, Tourneux, Seine-et-Marne, France, writes: "We want to give our men a happy Christmas, and so if any of my Hôpital Militaire Auxiliaire; Fort, Mahon.—Miss C. Watt, Miss L. Wonters, Miss P. Waterland, and Miss A. Spottiswood.

Mrs. Scobie's Hospital, Cherbourg.—Miss E. C. Summer.

Church Army Hospital, Dunkirk.—Miss J. Holmes.

Women's Hospital Corps, Claridge's Hotel, Paris.—Miss A. Baines.

The following nurses have been supplied to Home Hospitals:—

F. A. D. Hospital, Richmondworth.—Matron, Mrs. Bedolfe.

Gifford Home, Rochampton. Miss Bracken.

Mrs. Claude Watney's Hospital for Officers, 29, Charles Street, Mayfair.—Miss M. Muntford.
FEVER NURSES ASSOCIATION.

RESULT OF EXAMINATION HELD
OCTOBER 7th, 1914.

The number of candidates entered for the examination of the Fever Nurses Association, held in October, was 49, and the total number of passes 40. The highest marks were obtained by Miss Edith Williams, Mardy Hospital, who obtained 90 per cent., for her written paper, and 85 per cent. in the oral examination.

LIST OF SUCCESSFUL CANDIDATES.


West Heath (Examiner, A. Lyddon).


Croydon Borough Hospital (Examiner, A. C. Ta’ Bois, M.D. Lond.): F. Adamson, L. V. L. Cracknell, A. Smith, M. Richardson.

Eastern Hospital (M.A.B.): Examiner, F. Foord Caiger, M.D.:


Hind Isolation Hospital (Examiner, Ernest Coleman, M.D. Lond.): M. Moor, W. Roberts.

Salisbury (Ladyswell Hospital) (Examiner, H. M. Fleming, M.D.):

M. Sandler.

Leeds (Examiner, T. Wardrop Griffith, M.D.):

E. E. Peters.

Newcastle (Examiner, W. D. Armon, M.D.):


Plaxton (Examiner, E. W. Goodall, M.D.):

N. Green, A. A. Miller, F. E. Ody, B. M. Rodgers, A. Williams.

Sheffield (Examiner, C. M. Anderson, M.B., etc.):

A. Bingley, A. F. Johnston, C. Trevellick, B. Weale.


Willesden (Examiner, A. Bindley, M.B. Lond.):

H. L. Glover, F. M. Hummet, E. Y. Weaver.

Mardy Hospital (Examiner, A. Duncan, M.B.):

M. A. Evans, T. Evans, M. Jones, E. Williams.

EXAMINATION PAPER.

The following are the questions set to candidates.

General Trained Nurses were only required to answer these questions referring to fever and fever nursing.

1. What is the normal temperature of the body? Explain how it is that the temperature of the body is about the same on the hottest day in summer as on the coldest day in winter.

2. Describe the position and structure of the kidneys and explain their working.

3. Describe the symptoms and nursing of a severe uncomplicated case of measles.

4. Write out the table of Fluid Measures and give the usual signs for the following: one minim, two drachms, one and a half ounces, and one pint.
5. Give a list of the most commonly used enemas and write out the exact composition of each. Describe the method of administration of a nutrient enema.


LOCAL GOVERNMENT BOARD (SCOTLAND).

EXAMINATION OF NURSES.

On 23rd November and subsequent days, the Local Government Board for Scotland held an examination for the certification of trained sick nurses and of trained fever nurses. The examination was held at Glasgow, Edinburgh, Dundee, and Aberdeen. The examiners were Dr. Templeman, Medical Officer of Health, Dundee; Professor Glaster, The University, Glasgow; and Dr. Johnston, Medical Superintendent of the Parish Hospitals, Glasgow, who were assisted in the practical part of the examination by Miss Thomas, Matron of the City Hospital, Edinburgh, and by Miss Merchant, Matron of the Eastern District Hospital, Glasgow.

The subjects of examination were Elementary Anatomy and Physiology; Hygiene and Dietetics; Medical and Surgical Nursing; Midwifery (for Poor Law and General trained nurses); and Infectious Diseases (for Fever trained nurses). In all, 201 candidates presented themselves for examination. Of these, 109 were examined in Anatomy and Physiology; 92 in Hygiene and Dietetics; 30 in Medical and Surgical Nursing (for Poor Law and General trained nurses), 24 in Medical and Surgical Nursing (for Fever trained nurses); 22 in Midwifery; and 31 in Infectious Diseases.

In Anatomy and Physiology, 1 nurses obtained distinction, 64 obtained a simple pass, and 32 failed.

In Hygiene and Dietetics, 3 nurses obtained distinction, 66 obtained a simple pass, and 23 failed.

In Medical and Surgical Nursing (for Poor Law and General trained nurses), 23 nurses obtained a simple pass, and 2 failed.

In Medical and Surgical Nursing (for Fever trained nurses), 2 nurses obtained distinction, 21 obtained a simple pass, and 1 failed.

In Midwifery, 10 nurses obtained a simple pass, and 9 failed.

In Infectious Diseases, 5 nurses obtained distinction, 25 obtained a simple pass, and 1 failed.

The following candidates have now completed the examination and are entitled to the certificate of efficiency granted by the Local Government Board:


It has been decided to ask for a Local Government Board enquiry into the general administration of the Belvidere Hospital, Glasgow, in connection with a complaint as to the treatment of a child now deceased.

A MOVE IN THE RIGHT DIRECTION.

The British Red Cross Society has the authority of the War Office for stating that no further voluntary hospitals are required at present for the British Expeditionary Force in France, and that any voluntary hospitals at present on the Continent, or which may at some future time proceed to the Continent, will work as base hospitals only, and will not be allowed to proceed further.

PRACTICAL POINT.

Aerating Water.

If a patient is ordered to drink boiled water, its insipid taste may be overcome by aerating it. A simple method is to beat it for a few minutes with one of Horlick's rotary beaters, obtainable for a few pence. Pasteurised water may be prepared as follows: Fill some bottles with fresh water filtered through absorbent cotton placed in a funnel. Seal with corks covered by absorbent cotton. Place the bottles on an inverted plate in a galvanized pail, with newspaper between them to prevent cracking. Fill them with cold water up to the necks of the bottles. Place the pail on a stove, and test the heat until it reaches 170° F. Then remove the pail, and cover it closely with newspapers, blanket or other non-conducting material, and let it stand twenty minutes. Then cool rapidly and place on ice. This process will kill all harmful germs without destroying the sparkle or flavour of the water.

LEGAL MATTERS.

Kate Hume was again charged at Dumfries recently with fabricating two letters in connection with the Dumfries bogus atrocity story regarding her sister, Nurse Hume. It was found that the adjournment of the Pleasington Diet was incorrect, and it was intimated on behalf of the Crown that the charge was withdrawn. A new trial will probably be proceeded with.
APPOINTMENTS.

LADY SUPERINTENDENT

Sir Patrick Dunn’s Hospital, Dublin.—Miss Margaretta Thornton has been appointed Lady Superintendent. She was trained at Sir Patrick Dunn’s Hospital, and has been Surgical Sister at Elpis Private Hospital, Dublin, and Matron at Portobello House, Dublin.

LADY HEALTH VISITOR.

City of Bath.—Miss Rebecca Jones has been appointed Lady Health Visitor. She was trained at the Novers Hill Fever Hospital, Bristol, and at the Bristol General Hospital, where she was afterwards Staff Nurse. She has also had experience in private nursing.

HEALTH VISITOR.

County Borough of Burton-upon-Trent.—Miss Florence Richards has been appointed Health Visitor. She has held appointments in connection with the Corbett Hospital, Stourbridge, and the Leicester Co-operation of Trained Nurses, and has been Nurse Matron of the Isolation Hospital, Ibstock, Leicestershire, for some years.

SCHOOL NURSE.

Borough of Bury St. Edmunds.—Miss Christiana Westoby has been appointed School Nurse. She is trained in general nursing, and has also had experience in infectious nursing and in ophthalmic work. She has done twelve years’ district nursing, and two and a half years school nursing.

INFANT PROTECTION VISITOR.

Board of Guardians, Kingston-on-Thames.—Miss Agnes Wood, who at present holds the position of Home Sister at the Kingston Union Infirmary, has been appointed Infant Protection Visitor under the Kingston Board of Guardians for the whole Union with the exception of Wimbledon.

QUEEN VICTORIA’S JUBILEE INSTITUTE.

Transfers and Appointments.

Miss Kate Taylor is appointed to East London (South).

TERRITORIAL FORCE NURSING SERVICE.

Miss Mary Harriet Fison Clarke, Matron, resigns her appointment. Dated November 13th, 1914.

Miss Fison Clarke is Matron of the Birmingham and Midland Free Hospital for Sick Children, and was Matron in the Territorial Force Nursing Service of the 1st Southern General Hospital of which Miss E. M. Musson is Principal Matron.

THE NATIONAL UNION OF TRAINED NURSES.

NURSING ECHOES.

Owing to the many calls upon both time and money of nurses at the present time, we have not this year held a Toy Competition through THE BRITISH JOURNAL OF NURSING, and we fear several of the institutions supplied by us with Christmas gifts may suffer. We have received several letters from grateful Matrons, saying how greatly the gifts for Christmas trees have been appreciated in the past, and hoping for a consignment. We can only say that if toys or sweets are sent to the Editor at 26, Upper Wimpole Street, London, W., they will be forwarded to the Matrons in question.

The Council of the Queen Victoria’s Jubilee Institute for Nurses met at their offices, Victoria Street, on the 9th inst., Mr. George Franklin presiding, in the unavoidable absence of Viscount Goschen. It was reported that Queen Alexandra has appointed the Duke of Devonshire as president of the Institute for a further period of three years. In making this appointment Her Majesty signified her appreciation of the work the Duke of Devonshire has done during his past term of office.

It was also reported that Miss Bridges, the nursing superintendent for England, has been accepted for service in connection with the war, and is at present nursing in a general hospital in France. Miss M. M. White, who was recently appointed inspector, is filling her place temporarily. The re-division of the inspector’s area has been postponed owing to the unsettled state of the country. Some 250 of the Queen’s Nurses are undertaking work in connection with the war, chiefly through the Army Nursing Reserve or Territorial Force Nursing Service.

Affiliation has been granted to the following associations:—Cannock and District Infant Welfare Nursing Society, through the Staffs C.N.A.; Crook, Ings, and Staveley, Westmorland; Fulterton Hospital, Denaby Main, Yorks; Lumb Valley and Newchurch, Lancashire; Margate, through the Kent C.N.A.; Summerseat, Lancashire; and Eglinton, County Londonderry.

The Finance Committee reported that after making every reduction possible which would not interfere with the work of the Institute there would be a deficit of about £600. Queen Alexandra’s Committee has again given £2,000 to the Institute, making £10,000 in all.

The good work of the Institute might well be remembered by those making seasonable gifts in support of charity.
If there is one point upon which everyone will be thoroughly of one mind at this season, it is that the sick and wounded soldiers in our Territorial Hospitals on Christmas Day, whose gallantry on the battlefields of France and Belgium has been beyond all praise, and is acclaimed all over the world, shall have as happy a Christmas as it is possible to give them before they go back to the war, to fight their country's battles. They are our special charge, and it is impossible to do too much for them.

All nurses will wish to help the territorial estimate that for the Christmas dinner for the 500 patients there will be needed 50 large turkeys, 150 lb. of sausages, and a liberal supply of plum puddings and oranges. As all territorial hospitals have the same number of beds, this will give some idea of what will be wanted in all these hospitals in England and Scotland. Then it behoves us to see that every man goes out of hospital warmly clad, and nothing would be more acceptable among the Christmas gifts for each patient than a muffler at least two yards long. Gloves, mits, and hospitals in the localities in which they reside, and, those in London, the four London hospitals—No. 1 at St. Gabriel’s College, Cormont Road, Camberwell; No. 2 at St. Mark’s College, Chelsea; No. 3 at the Royal Patriotic School, Wandsworth; and No. 4 at King’s College Hospital, Denmark Hill. St. Bartholomew’s Hospital nurses have very special obligations to No. 1 Hospital, since the Medical Staff are all members of the staff of that ancient foundation, and the Nursing Staff, from the Principal Matron to the most junior staff nurse, hold the certificate of its training school. From experience of a civil hospital we socks would also be very welcome. Gifts in kind or in cash should be sent in good time to the Matrons of the respective hospitals. Every little helps, so we hope every one of our readers will send a gift, large or small, to the territorial hospital which has special claims upon her.

We are glad to be able to present on this page a scene showing German Red Cross Nurses at the hospital base in Belgium. Those nurses who attended the meetings of the International Council of Nurses in Berlin and Cologne will remember the excellence of the
food in the hotels and restaurants in those cities, and they will not be surprised that the German nurses evidently make a strong point of the food for their patients. We do not forget, notwithstanding "our unhappy divisions," that the German Nurses’ Association is united with us in the International Council of Nurses to further the efficient care of the sick. From our illustration they appear to recognize that the basis of good nursing is good feeding.

A special committee of the Glasgow Corporation has approved of a recommendation for a six-day week for its nurses, and has been informed by the Medical Officer that this will involve an extra expenditure of £4,588, for which he submits the following estimate:—

Salaries of seventy-five nurses £2,427; wages for increased number of maids £349, cost of food for additional nurses and maids £1,365, and additional charge for cleaning materials, repairs, &c., £590. The City Engineer also reported that thirty-five additional bedrooms would be required at Belvidere, costing about £3,500, and forty at Ruthill, costing about £4,000. The Health Committee recommend that in the event of this recommendation being approved by the Corporation, it be remitted back to the special sub-committee to arrange for the additional bedroom accommodation. The General Finance Committee has recommended that the proposed expenditure be sanctioned. No doubt the Corporation will receive value for their money in the added efficiency and improved health of the nursing staffs in their hospitals.

LEAGUE NEWS.

A general meeting of the League of the City of Westminster Infirmary, Hendon, was held on Monday, December 7th, which was very well attended considering that a number of the members are actively engaged in war nursing. At the conclusion of the business part of the meeting tea was served in the Sisters’ recreation-room, at which Miss Elma Smith presided. Then followed a very interesting lecture on "Some Aspects of the War" by the Chaplain, Rev. J. Waldron.

The President then read an account of refugee work, which is being most ably undertaken by the L.G.B., through whose hands about 80,000 refugees have already passed.

The arrival of a letter during the meeting from Sister Punchard (who is in charge of a hospital at Calais) was most opportune and much appreciated.

OUR PRIZE COMPETITION.

We regret to say that none of the papers sent in this week on the subject “When is drainage used, and why?” Name four methods and materials that may be employed” are of sufficient merit to justify the award of a prize. Is the education of the modern nurse so restricted to aseptic methods that she is unimpressed by a question on drainage?

QUESTION FOR NEXT WEEK.

Define the words (a) sterile, (b) asepsis, (c) disinfectants, (d) sterilization, (e) what is most effective?

CHRISTMAS PRESENTS.

The present upon which most interest centres this year is unquestionably Princess Mary’s gift to sailors and soldiers, which through the generosity of the public, whom her Royal Highness has associated with her in sending this offering, will go to every man on active service, and it is hoped to others also, as well as to the nurses with the Expeditionary Force. By the courtesy of the Daily News and Leader we are able to publish on page 494, an illustration of the cover of the pretty bronze box, which will contain part of Princess Mary’s present to the troops.

For smokers the box contains two neat little packages, one of tobacco, the other of cigarettes. A pipe will also be included. Enclosed with these is a dainty Christmas card decorated with a spray of holly, and notifying that the gift comes from the Princess and friends at home. For the men who do not smoke the boxes will contain sweets, and these which, by a very kindly thought, are to be sent to the nurses, will be filled with chocolate.

HOSPITALS & GENERAL CONTRACTS CO., LTD.

The Hospitals & General Contracts Co., Ltd., 19-35, Mortimer Street, W., supply every kind of nursing and medical appliance at prices which must commend themselves to all. A visit to their show rooms will afford an opportunity for the selection of many welcome gifts. If for nurse friends, dressing instruments, hypodermic syringes, rubber hot water bottles will afford a satisfying choice. If for invalids, all kinds of appliances designed for their comfort may be inspected. Those nurses who are unable to visit the Mortimer Street establishment can readily make a selection from the illustrated catalogue which the firm will supply post free on application.

MESSRS. GARROULD’S.

Messrs. Garrould’s Christmas Bazar at 150-162, Edgware Road, W., is always full of the most attractive gifts—this year is no exception to the rule.

Leather bags for district nurses and midwives—most acceptable gifts—are to be obtained in
great variety, with detachable, washable linings; fitted and unfitted; one such bag, square shape, in solid cowhide leather, 14 inch frame, costing only 15s. 6d.

A watch wristlet, with lever movement, and second dial—a charming present for a nurse, costs 21s., or with centre second hand, 25s. 6d. A larger watch, in morocco leather case, to hang or stand, os. 6d. complete. The illustrated catalogue of this firm is one which nurses should always keep by them.

Bovinine.

Invalid comforts will be kept well to the fore this season, and as a gift to hospitals, or convalescent homes, a supply of Bovinine, a fluid food and restorative, would be most welcome. It is introduced exclusively to the medical and nursing professions with the object of supplying to them a standard nutritive—reliable, efficient and economical—and for the past 35 years it has succeeded on its merits. The wholesale agents for the United Kingdom are Messrs. W. Edwards & Son, 157, Queen Victoria Street, E.C.

The Medical Supply Association.

Nurses will not forget that the Medical Supply Association, 167-173, Gray's Inn Road, W.C., specializes in the rubber hot water bottles which are so appreciated alike by patient and nurse, and which add so much to their comfort.

Messrs. Lewis & Burrows, Ltd.

An inexpensive gift always appreciated by a nurse is the "Nurse" clinical thermometer, registering the temperature in 30 seconds, and supplied by Messrs. Lewis & Burrows, Ltd., 120, Holborn Bars, E.C., at the surprisingly low price of 15s. 6d. post free.

Messrs. G. P. Putnam's Sons.

Books are always welcome gifts to nurses, and those on the list of Messrs. G. P. Putnam's Sons, 24, Bedford Street, Strand, afford a most attractive selection of both professional literature and fiction. Every nurse wishes to possess "A History of Nursing"; and "Practical Nursing," by Miss Maxwell and Miss Pope, and the new "Medical Dictionary for Nurses," by the latter, which we recently reviewed (price 3s. 6d.), could not fail to please.

Messrs. C. Griffin & Co.

"A Manual of Nursing," by Dr. Laurence Humphry, published by Messrs. C. Griffin & Co., Ltd., Exeter Street, Strand (price 3s. 6d.), is a most popular book with nurses, attested by the fact that it is now in its thirty-sixth edition.

Oxo.

Oxo Limited, whose framed pictures occupy an honoured place in many households, are, under their coupon scheme, now offering three remarkably appropriate War Photogravures. Pride of place is divided between "The Landing of the British Expeditionary Force in France, August 1914"—which portrays the landing scene in Boulogne to the life—and "The Sure Shield of Britain and of her Empire"—a magnificent naval canvas by Norman Wilkinson. The value of the military picture is enhanced by the addition of an extract from Sir John French's first despatch from the Front, while the Naval gravure bears a reproduction of the King's famous message to his Fleet through Sir John Jellicoe. The third gravure is by Mr. Julius M. Price, who has acted as War Correspondent in France in the present War, and is entitled "Good News from Across the Seas." These gravures are available for a remarkably small value of Oxo coupons, so that Oxo users find themselves entitled to one in a comparatively short time. All that has to be done is to collect the coupons from the Oxo bottles used and to send the necessary amount to Oxo, Ltd., according to the directions given with the Coupon.
WOMEN AND WAR.

The Tipperary League is an effort made to provide "Tipperary Rooms" to afford sailors and soldiers' wives, and ultimately the working women of the country, opportunities for meeting socially.

On Thursday, December 10th, a very pleasant "At Home" was given at the Institute of Hygiene, Devonshire Street, W., when Lady Jellicoe, wife of Admiral Sir John Jellicoe, received the guests.

Sir William Bennett, as President of the Institute, welcomed Lady Jellicoe and said that association with so illustrious a name would add a memorable page to its records. The longer the War lasted, the more trying did conditions at home become, and the scope for voluntary social workers became increasingly extended. This was a field open to those not capable of undertaking nursing or hospital work.

In a short speech by the lady, Lady Jellicoe warmly commended the objects of the Tipperary League to support. At the conclusion of her speech a very pretty ceremony was the presentation of a flower-laden ship—the Iron Duke to Lady Jellicoe by a tiny maiden with a head running over with red-gold curls, supported by a sailor boy.

Later, in the lecture-room upstairs, Dr. Murray Leslie presided, and Mrs. Jean Kerr, founder of the League, explained its objects in an eloquent speech. We asked, she said, an abnormal life of working women, so that they got into the habit of expecting always to be at work, and felt that they were neglecting their duty if they ever left their homes. After a most interesting cinematograph display of pictures of War and other scenes, Dr. King Brown, Medical Officer of Health for Ramsgate, spoke of the real need for a social organisation such as the Tipperary League. "Such life was, he said, not only degrading to those who had to endure it, but was also the complete negation of principles of national health and economy. The bearing of children could not be understood by a mother as the crowning glory of her life if she was shut in a crowded dwelling, and encumbered by bad food and continual drudgery. Mrs. Cloudesley Brereton claimed that the club idea was a sound one, and had in it the elements of permanence.

WOMEN'S VOLUNTEER RESERVE.

As we go to press a meeting is being held at the Mansion House, at which the Lord Mayor will preside, in support of the Women's Volunteer Reserve, when its aims and objects will be explained by speakers, who include the Viscountess Castleragh, Colonel-in-chief, the Hon. Ethelina Harbord, joint Hon. Secretary, and the Right Hon. Henry Chaplin, PC. The principal object of the Corps is to organise, train, and drill suitable women to form disciplined bodies all over the country who will, in the unlikely contingency of invasion, or any other national crisis, be ready to assist the authorities in transport, the carrying of despatches, and in any other way. It may appear at the moment unlikely that the Corps will be called upon, but when we remember how unlikely it seemed, when the Territorial Force Nursing Service was organised, that it would ever be mobilised, and know how indispensable it has now proved itself, we realise the wisdom as well as the patriotism of the Women's Emergency Corps in being prepared.

BOOK OF THE WEEK.

"DUKE JONES." *

Those of us who have read "A Lady of Leisure," will welcome this sequel to her career, but it will in no way hinder our enjoyment of "Duke Jones." If we are not fortunate enough to have done so.

Charles and Violet Shovell are a delightful honeymoon couple, who had run away in the most original fashion from the stately dulness of Ingestre Hall, which had been lent to them for this important occasion, by Cousin John, and had fled to the more genial atmosphere of an hotel on the Cornish coast to finish their holiday.

Charles, of course, put the responsibility of this escapade on Violet.

"She simply wants to cut a dash at table d'hôte, instead of merely astonishing the Ingestre's butler."

It was at this public function that they came across Duke Jones.

The hotel ladies frequently forgot all about him, even when he was sitting in their midst. "Harmonious little beggar," was the way the men put it, "though a bit straight-laced."

He at once conceived an adoration, of perfect propriety, for Violet Shovell, which never wavered in fidelity or respect.

And all went merrily as a marriage bell till Felicia appeared on the scene. She was cousin of Violet's. It would take more space than we have available to describe Felicia. She had run away from home under a cloud, and by a coincidence had lighted on the hotel where the bride and bridegroom were staying.

The waywardness and fracas of this young person—to say nothing of the responsibility of controlling her—rather decided for the curtailment of the honeymoon.

Violet intended to let mother feel her obligation to Felicia. "I believe she would not let her being an Ingestre girl, disturb her throat."

"Said Charles: "It's a awfully nice plan, darling; quite worthy of you. Will it work?"

"Probably not," said Violet. "We couldn't...

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 DANGER OF UNTRAINED NURSES. 
To the Editor of The British Journal of Nursing.

Dear Madam,—It gave me a thrill of pleasure to read in the latest issue of the Journal that a resolution had been passed at the Annual Meeting of the National Council of Trained Nurses, protesting against "the danger of untrained nurses for the sick and wounded"; and that a copy had been sent to Lord Kitchener whom it concerns, and who will, I trust, deal with the matter with the same firmness that characterises his military policy. The dissatisfaction among trained nurses is increasingly great on this point; and I, for one, hope they will continue to voice their disapproval until this great wrong which is being done to our brave defenders is definitely redressed.

Lord Knutsford, poor man, seems to disapprove of everything in the way of standardization and progress in the nursing world! He is at us again in the Times to-day. In his somewhat lengthy letter, which seems to me strangely illogical, he denies that untrained women have been sent out to the Front, and yet admits that some "have got out abroad." This is a quibble. Whether they are sent out or whether they got out, the disastrous effect on our wounded men is the same. If we had State Registration, with a controlling legal authority to manage these matters we all know that this chaos could not be; and the sooner it comes the better will it be for the sick, as well as for the honour of our profession. It is immensely gratifying to learn that the French War Minister, in making his request for English Nurses, should definitely state that he wished them to be thoroughly trained, and that the three years' term of training is being enforced for service in this Corps.

Yours,

Beatrice Kent.

TRAINED NURSING A FLIMSY FREAK.

To the Editor of The British Journal of Nursing.

Dear Madam,—Every nurse is naturally deeply interested in studying the somewhat astounding lack of status of nursing at the moment, and I for one have followed the comments and correspondence in our Journal on the question with some sadness, and also not a little amusement. It seems so incredible that after all the grinding and training, presumably trained nursing is a mere flimsy freak of the imagination, and that anyone who chooses to don a nurse's uniform, however ignorant, is accorded professional rank. Indeed, one may add supremacy, as social status, not knowledge, is in reality the criterion for
supervision. I write: support most heartily the resolution passed last week at the meeting of the National Council of Trained Nurses, and forwarded to the Secretary of State for War, but with very little hope that he will tackle the matter. A British Peacess is a much more formidable personage to control than either the Mahdi or the Kaiser!

Yours truly,
M. C. Patterson.

FIAT JUSTITIA.
To the Editor of The British Journal of Nursing.
Madam: The National Council of Trained Nurses is to be congratulated on its very definite and outspoken resolution, which, as I see by the Press, is likely to have a far-reaching effect.
A terrible toll of needless pain may have already been added to the miseries of this unhappy War, but it does seem likely that the dawn of better things is at hand.
Yours with respect and admiration,
Henrietta Hawkins.

THE FEVERED BROW.
To the Editor of The British Journal of Nursing.
Madam: I was glad to note that the resolution passed at our annual meeting X.C.T.N. laid stress on the detriment to discipline of placing untrained women in positions of authority in auxiliary military hospitals, for as the War Office recognises them we must also include those superintended by titled women. How can a "dummy" matron maintain discipline when her superior officer sits smoking on Tommy's bed, smoothing his fevered brow the while? What an example to the young Red Cross girls, many in their teens, let loose in the wards of such hospitals. My experience is that some of these are very dear girls, who really mean well, who get up at all hours to be on duty, at six in the morning, but it is the whole emotional atmosphere of the wards which is so bad for them. I know my Tommy: he and I have fought together for dear life in many a military hospital—\

A QUESTION OF ORGANIZATION.
To the Editor of The British Journal of Nursing.
Dear Madam,—I should like to know through your Journal how nurses are accommodated and catered for in some of the Territorial Base Hospitals. When I was called up to my Base Hospital I was prepared to undergo some hardships, but I certainly was not prepared for the amount of roughing it that we nurses have to put up with. For instance, in my personal experience, not even the nurses have single rooms, and the nurses mostly sleep 16-18 in a room with an inadequate number of small screens, and in some of the rooms they have to go through the wards for their baths. The food also is very often badly cooked and indifferently served.

No doubt many people would consider this unpatriotic at this time to dwell on such mundane matters, but when we consider that numbers of Territorial Nurses are giving up their positions, half their salaries, and in some cases even losing their posts, I think it behoves the authorities to do their best for the comfort and well-being of the nurses in England when, after all, the War affects us very little in such matters.

I trust that this state of affairs is not general in other Hospitals.
Yours faithfully,
A Territorial Nurse.

REPLIES TO CORRESPONDENTS.
District Nurse, Birmingham.—Dr. R. M. Anderson, U.S.A., approves of an inexpensive sputum cup, to be used in a holder, which may be made of ordinary white fibre manilla paper folded and dipped in hot paraffin. This hardens immediately on exposure to the air, and so the overlapping edges and gives support to the box. As paraffin is highly combustible the destruction of bacteria is assured when the cups are burned.

Probationer, London.—If a patient is under an anaesthetic he does not feel the heat of hot water bottles if applied, and unless great care is exercised in their application bad burns may result. In addition to the flannel cover of the bottle a fold of blanket should always be placed between an unconscious patient and a hot water bottle.

OUR PRIZE COMPETITION.
Questions.
December 26th.—Define the words (a) sterile; (b) asepsis; (c) disinfectants; (d) sterilization; (e) what is most effective?
January 2nd.—Mention some of the ways in which counter-irritation may be applied, and the methods of application.
THE CENTRAL MIDWIVES BOARD.

A Special Meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, S.W., on Tuesday, December 15th, Sir Francis Champneys presiding, to consider the charges alleged against thirteen certified midwives with the following results:—

Struck off the Roll and certificate cancelled.—Midwives Martha Corbin (No. 9017), Phoebe Dugley (No. 3081), Charlotte E. S. Hingston (No. 20980), Emma Latham (No. 10896), Rose Anne McGreal (No. 30003), Caroline Skinner (No. 1913), Ellen Taylor (No. 17531), Caroline Maria Wills (No. 20960), Emma Young (No. 31110).

Severely Censured (report asked for in three and six months’ time).—Midwife Ethel Mary Hanson (No. 34555, C.M.B. Examination).

Cautioned.—Midwives Annie Maywood (No. 4323), and Emily E. Thomas (No. 20291).

One case was postponed.

Several of the cases were defended, that of Miss Hanson lasting nearly three hours.

In the case of Mrs. Maywood, who was present and ably defended, who admitted the charge of not having advised that the attendance of a registered medical practitioner was required in the case of a child suffering from inflammation of the eyes, the Board limited the sentence to a caution on account of the favourable report of the midwife given by Dr. Thresh, County Medical Officer for Health for Essex, who was present.

Mrs. Maywood, who is a bona fide midwife, said that her mother was a nurse, and she learnt her work by “going with her.” Her husband was blind, and she was his main support. She took a patient’s temperature if she did not seem well, not otherwise. Babies often had a little cold in their eyes, and she bathed them with boracic. She did not think the case was serious till the eyes puffed up. If she had been trained she might have understood much better.

In cautioning the midwife the Chairman asked the press to emphasise that the point that notification of ophthalmia neonatorum, sent to the Local Supervising Authority, did not supersede that of advising that medical help should be sent for required by the C.M.B. rules. Miss Paget commented on the fact that the woman noticed the Sanitary Authority, and that it was four days before any notice was taken.

Final reports were received in the cases of three midwives, adjourned for judgment of the reports of their respective Local Supervising Authorities, and these being satisfactory, no further action was taken.

The application of Mary Ann Prece for the restoration of her name to the Roll, from which it was removed in November, 1913, was received. On the recommendation of the Penal Cases Committee it was decided not to grant it.

The INVALID BABIES’ NURSERY, HUNSTANTON.

A home which seeks to help a class needing great care and attention, for whom little provision is made, is the Invalid Babies’ Nursery at Hunstanton, Norfolk, under the care of Roman Catholic Sisters of the Dominican Order, with Sister Mary Magdalen as Sister Superior.

Examination of the various lists of charitable institutions will prove how very limited are those which receive young infants, apart from their mothers, and mothers of families cannot leave husbands and other children to attend exclusively to one, however urgent its needs may be. Yet midwives know well how many babies need medical attention and skilled nursing care within a few months of birth, and, considering the heavy mortality among children during their first year of life, it is apparent that institutions which will admit and care for invalid infants are meeting a real need.

The idea of the Invalid Babies’ Home at Hunstanton is not to provide expensive buildings and appliances, but the aim of the Sisters is to do what a good middle-class mother in the country would be able to do as regards abundance of suitable food, fresh air, cleanliness, warmth, rest, &c., until the babies become thoroughly healthy.

The parents, benefactors, or friends of the babies, who are received from six months to three years old, pay, when possible, a maintenance charge of 10s. weekly, but this does not cover expenses, and as a legacy of £500 and a further gift of £100 one of the Sisters are now exhausted, they are dependent upon the help of those who realise the importance of caring for invalid children during the early years of life. They are also grateful for gifts of clothing, as the parents are not required to provide this.

Ninety children have been cared for during the past five years for periods varying from one month to four years. Many were in a very weak and ailing condition, and the fact that only five of the number have died speaks well for the care they receive. Though everything about the nursery is of the simplest description, the Mother Superior writes that thanks to climate and other influences the children get on splendidly, but there are many who have to be refused admission for lack of funds. The children are sent from the London hospitals, and from various parts of England, and there must be many who would be willing to support the work of the Sisters if they were better known.

The Mother Superior, who was trained at the Middlesex Hospital many years ago, and has never since ceased nursing, writes that she would be glad indeed if a nurse with some means and recent training felt drawn to help the Sisters in their work.
THE MATERNITY HOSPITAL AT CHALONS.

The report of the relief work of the Friends’ expedition to the devastated provinces in France contains the following note:

"We have been asked to organise a Maternity Hospital for refugees from the villages. There are said to be 200 women who will be in need of it. They are mostly living in stables and outhouses at present, so we must get them in as soon as possible. The authorities are arranging to turn out two wards of the Asile de Veillards for it, as the old men are of the least use to France at this time. A block consisting of two large wards on each of two floors (the ground floor and one above), with one small room and staircase between, has been partially cleared out. The whole first floor is empty, but there are beds occupied still in one ground floor room, which can be emptied if necessary. The other ground floor room we are to have partitioned up into a Refectory and cubicles for the staff. The middle ground floor room will be a Dispensary, and the one above a ward kitchen. The two big wards above will each be partitioned to give a small accommodation ward and an isolation ward, and there will be ample room for ten or twelve beds in each." Six women were to be admitted at once. Miss Pye, Central Secretary of the National Union of Trained Nurses, has been granted leave of absence by the Executive Committee, and has gone out to organise this hospital.

It is specially important that these poor women should be brought together into one building where they can receive the necessary attention day and night, as it is against military regulations for any civilians to be out after dark, and therefore patients in sheds and outhouses can not be adequately cared for. It is manifest, therefore, that there must not only be great hardship, but danger to life unless the women can be kept under observation in a central building.

LACTAGOL.

The importance of breast-feeding for infants is becoming increasingly realised, and any agent which helps a mother to discharge the supreme duty of maternity is therefore of the greatest value. Such an agent is to be found in Lactagol, which experience proves to have a remarkable effect in increasing both the quantity and the quality of a mother’s milk; and where the supply is in danger of failing, and where twins, and even triplets, have made extraordinary demands upon the maternal sources, Lactagol has enabled a woman not only to feed, but to rear her babies— with what excellent results the portraits of twins here reproduced, looking the picture of health and contentment, affords a striking illustration.

Lactagol is an extract of cotton seed from which the oil has been removed. We are well aware that farmers use oil cake largely in feeding their cows during lactation, with the best results. The oil of cotton seed is too rich for most human beings, and when this is removed and an extract made from the cotton seed meal administered in the form of Lactagol, the results prove it to be an excellent galactagogue. Lactagol is sold in tins at 1s. 0d. and 2s. 0d., and can be obtained through all chemists and stores, or post free on receipt of a postal order from the sole manufacturers, Messrs. E. T. Pearson & Co., Ltd., 79, Warling Street, London, E.C.

The method of use is simple. A teaspoonful of Lactagol is taken in a cup of cold or warm water or milk, or any other liquid, three times a day, care being taken that no boiling liquid is used.

As to the dose, clear instructions are given on each package, but it may safely be increased or decreased as the case may require, for Lactagol is not a drug, but a powdered vegetable extract, endorsed by the medical profession, and used in many hospitals.

Porabine toilet powder, supplied by the same firm, is valuable for both babies and mothers.
BUILDING UP A BABY.*

By Ruth Brewster Sherman, R.N.

Betty was one of the "my babies," the fourth child of healthy parents, herself well developed, healthy and normal in every way. She was nursed for two weeks, then fed on modified milk—weight, 8 lb. at birth; at one month, 10 lb. Her mother died last year, and the baby was later cared for by an opinionated elderly nursemaid, who took directions from neither family nor doctor. When Betty was twenty-two months old, I took charge of her for three weeks, while her nurse took a vacation.

This is what I found: a chilly nursery with windows closed; a pale, quiet, unanimated child with time for but little clothing. Her flesh was flabby, hands and feet cold, expression wistful and anxious, appetite poor. There were blue hollows under the eyes, a greenish tinge around the mouth, listless hair. On her chin was a small bleeding sore of the kind often found on children of low vitality and poorly nourished, on her cheeks were the blue marks left by two previous sores. Evidently Betty, though not sick, was far below a normal condition.

Her outdoor exercise had been riding in her carriage or in a carriage with closed windows. Her diet had been diluted milk, chicken broth, toast and unsweetened cereals with limited drinking water, one ounce of orange juice daily, and daily medicine for constipation. Though nearly two years old, she weighed only 22 lb. Directions for a mild iron tonic and an extended diet had been disregarded because "they upset the baby." Every sign of ailment was treated by diminishing the diet and diluting the milk.

Cautiously, but as rapidly as possible, I began a new regime. First, the milk was given whole, then its amount increased until she took nine ounces in each of the several bottles. Next was added plenty of sugar on the cereals and abundant butter on the toast; then one new article of food was given daily and later, two, but with care not to overtax her half starved little system, until she was eating freely milk, toast, soft eggs, baked potato, beef tea, bacon, bread and crackers, stewed fruits, baked apple, boiled and baked custard, chocolate blanmange and all the cereals, the juice of a large orange daily and water freely at all times. She had sugar, maple syrup or rock candy syrup on her cereals, and once or twice daily I gave her several squares of sweet milk chocolate, using them as bribes or rewards.

It was both pathetic and gratifying to see the baby eat. She would sit on my lap gripping the bowl of sancer tight in her tiny hands and as the well-sugared oatmeal or the crisp bacon went into her mouth her big eyes would light, and she would say, "Good, good," in tones of eager pleasure, exactly as a little chicken bites its head after drinking. Soft milk toast, full of butter, or well salted beef-tea with crackers always called forth a rapturous "licious," and an eager attention which soon emptied the bowl. If her appetite ever flagged, the chocolate was held out as a reward, but I took care that she should have plenty of it any way for its nourishing and fattening value.

An open fire kept Betty's nursery warm and comfortable, and care was taken to have it especially warm when she came in from outdoors, as it was cold, autumn weather. The windows were open all night, always when she was out of the room and often when she was in it.

We put away the fine silk coat, lace bonnet, short open-work bisle hose and thin-soled baby shoes, as insufficient for the weather and her needs. Instead she was provided with soft wool stockings which reached nearly to her hips, and were pinned to her warm skirt; stout shoes with thick soles and sensible little rubbers to keep the ground chill from striking through to her tender feet. She had an unused set of fleecy, woolly leggings reaching to the waist, coat coming well over the hips, close-fitting hood and mittens. With these Betty was well protected and ready for healthy out-door exercise. We ignored the baby carriage. For two hours each morning we were in the garden or on the street, Betty on her feet all the time. "A cold day," she would exclaim, and start off on a trot. We played games, which kept her running, blood circulating quickly and her cheeks rosy.

And how she bloomed, growing more flower-like every day... She gained firm flesh instead of loose, empty tissue, colour in cheeks, lips and eyes, warm hands and feet, a bright, alert expression, activity and animation, appetite, ambition to do things herself, which is a mark of health. The sore on her chin healed slowly, as she became less anaemic and her vitality improved. Her increased energy, her look of health and well-being were evident to all. Her hair seemed to grow longer and more lustrous.

These results were due to steady attention to three points: first, rational diet with plenty of fats and sugars; second, proper exercise for the weak, undeveloped muscles; third, careful preservation of the body heat. This last point is very important in the care of young children, though it is often ignored. We should, at all times, preserve their vital body-heat just as carefully as we preserve the blood in their veins. Betty had plenty of fresh air but was never chilled. Clothing, bath water, towels, food, were all warm; she slept in a flannel gown and on very cold days or nights, I put an old afghan between her crib sheets, so that no chill should strike through to her body. In all these ways her vitality was preserved, increased and improved.... Surely some advance had been made and the baby started on the road to healthier childhood. Who helps establish the health of a baby girl, helps the future mother of other babies. Can a nurse find a better work?

* From The American Journal of Nursing.
PRINCIPAL EVENTS IN THE NURSING WORLD IN 1914.

The most important events in the nursing world during the past twelve months have, in this country, been the unprecedented majority in the House of Commons for the first reading of the Nurses' Registration Bill, introduced by Dr. Chapple on March 3rd, and the organization of the nursing of sick and wounded soldiers during the war. Each of these closely affects the other, as we shall show in our course. We refer to them at the outset of this brief review, because we wish to emphasize their importance.

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

The National Council of Trained Nurses has proved that it has kept in close touch with the questions of the day, and is the only association of trained nurses which has taken action in the interests of the profession as a whole.

In April last, in connection with the Women's Kingdom Exhibit at Olympia, the Council organized a practical exhibit of nursing handicraft, in which the affiliated Leagues took a prominent part, and demonstrated the high degree of skill necessary, and attained, by trained nurses in connection with their work.

The National Council Conference and Exhibition, held in Birmingham in June, and organized by the General Hospital, Birmingham, Nurses' League, will always be memorable for the perfection of its organization. The resolutions of the Conference included:—(1) A resolution, moved by the Vice-Chancellor of the University, directing attention to the grave injury at present caused to Public Health and to Nursing by the absence of a Statutory Register of qualified Nurses, and urging the Government to give facilities for the Second Reading of the Nurses' Registration Bill; (2) A Resolution welcoming the establishment by the Chancellor of the Exchequer of a Nursing Benefit under the National (Health) Insurance Act, and urging that the Regulations should safeguard the interests of the public by providing that none but fully qualified nurses should be admitted to the National Service; and (3) A Resolution respectfully calling upon the Local Government Board to consider the advisability of forming a Poor Law Nursing Service. The National Council has also taken considerable interest in the question of cooperation for Superintendents of Nursing Homes. The Council also protested against the proposal made to vest the powers for the registration of Nursing Homes in the Borough Councils, as an extension of their powers under the Disorderly Houses Act, a proposal, we are glad to say, not approved by the House of Commons when the London County Council General Powers Bill, not yet passed into law, was before it.

The latest resolution of the Council, passed on December 3rd, urging that sick and wounded soldiers, in military auxiliary hospitals, should not be subjected to the dangerous interference of untrained and unskilled women, is well within the memory of our readers, and upon the initiative of the Secretary of State for War, the Council will present evidence in support of its Resolution at an early date.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

At the beginning of the year Miss Mollett retired from the position of Hon. Secretary of the Matrons' Council, which she had filled with ability for four years, and was succeeded in that important office by Miss Annie Hulme, who is deservedly popular with the members.

Nursing events have proved how necessary it is, in justice to the profession as a whole, that those occupying prominent positions should do all in their power to safeguard the interests of the rank and file.

THE LEAGUES OF CERTIFICATED NURSES.

The Leagues of Certificated Nurses are doing useful work by organizing the certificated members of nursing schools, and professional societies, in associations, which are eligible for affiliation with the National Council of Trained Nurses.
Nurses. Two more Nurses’ Leagues, those of the Royal Free Hospital, and the Southwark Infirmary, have been admitted to membership during the year.

The International Council of Nurses.

When in August, 1912, the nurses of twenty-three nations separated after the memorable Congress at Cologne, planning to meet again at the Golden Gate, in California, in 1915, and to make the meeting of the International Council of Nurses, its Congress and Exhibition, worthy of the great occasion celebrated by the Panama-Pacific Exposition, they little dreamed how widespread would be the effect of the present war upon the peaceful arts, or how it would affect trained nurses in all parts of the world. Yet, although it will not be definitely decided till the New Year, it is practically certain that the meeting will have to be postponed. Both from European as well as from far distant countries nurses report that their plans have been affected, and they will no longer be able to attend the Congress.

Our plans for raising the Nurses’ International Memorial to Florence Nightingale, which were to have been the principal feature of the Congress, are also in abeyance, for the many funds for the relief of the sick and wounded are, far and wide, absorbing the spare cash of trained nurses—never very plentiful.

Nursing in the Government Services.

In the Government Offices in connection with which trained nurses are employed, and that is the majority, the principle is accepted that three years’ training in a recognized hospital is an essential qualification. It is greatly to be regretted that the heads of these Government Departments, who form part of the Cabinet, and who realize this necessity in connection with their own Departments, do not insist that the same standard shall be defined for the nation as a whole, by giving facilities for the consideration in the House of Commons for the Nurses’ Registration Bill, so that the public may know who has, and who has not, passed the necessary tests as a trained nurse.

The Care of Sick Sailors and Soldiers.

Since the declaration of war the attention of the Nursing Profession has been centred on the war, and trained nurses have naturally wished that their skilled work should be utilized in the service of the sick and wounded. The event, however, has proved that the lack of organization and accepted standards in their profession have been most detrimental, to patients and nurses alike. In Naval and Military Hospitals, and in Territorial Hospitals, the standard of training required of members of their Nursing Services is a guarantee that the patients will have skilled nursing. But in the many military auxiliary hospitals no such standard is enforced, and it is matter of common knowledge that the nursing in these hospitals is not that which would satisfy the military authorities in the regular hospitals. We claim that whether a soldier is ill in a military hospital, or in one supplementing the provision made by the military authorities, his needs are the same, and that if he is permitted to be sent to these auxiliary hospitals, it is the clear duty of the War Office to see that the staff of trained nurses employed is adequate.

The State Registration of Trained Nurses.

The only way to provide the public with a guarantee that nurses have been efficiently trained is to adopt the course which the Societies affiliated in the Central Committee for State Registration of Nurses have repeatedly urged upon the Government, namely, that a Central Educational Authority should be set up by Parliament to co-ordinate nursing education, and to exercise discipline in the ranks of trained nurses, in the same way that the General Medical Council deals with medical education. The Nurses’ Registration Bill, endorsed by the organized bodies of medical practitioners and nurses, and embodying the above principles, when introduced into the House of Commons by Dr. Chapple, on March 3rd of this year, received overwhelming support, the majority of 228 for its first reading comprising well-known members of all parties in the House. The House of Commons has thus shown unmistakably that it approves the principle embodied in the Bill, with the same object, which passed the House of Lords in 1908, and that if facilities were granted for its consideration, and members left free to vote as they pleased on this non-party measure, that it would speedily become law. Had such a law been in force, there is no question that the country would have been satisfied with no less than that its sick and wounded soldiers should be nursed by registered nurses so long as a supply was available, and we should have been spared the spectacle of women donning the uniform of the trained nurse, and after a few weeks in hospital wards, or a few lectures in first aid and home nursing, proceeding at home and abroad to nurse sick and wounded amongst our brave troops. It is the knowledge of the dangers and suffering to which the sick are
exposed, so long as nursing has no recognition from the State, that makes those who appreciate the position so insistent that legislation shall no longer be delayed.

The representative Deputation, organized by the Central Committee, and received by the Home Secretary on July 30th, presented a case so strong that there were no arguments to be advanced against it, and in his reply Mr. McKenna fell back upon the force of the opposition as an argument against immediate Government action. He however made two encouraging statements (1) "You have entirely satisfied me on one point. Your claim to registration relates to something quite different from the objections put forward," and (2) "You have quite converted me, if I needed any conversion on the subject of an Official Directory." It is an ever present danger, that when legislation is imminent, the opponents will endeavour to minimize its value by endeavouring to substitute an Official Directory for a Register of Trained Nurses. The fact therefore that the Home Secretary realizes the futility of this proposal is eminently satisfactory.

The British Medical Association at its Annual Representative Meeting once more passed a resolution endorsing its support of the principle of State Registration of Nurses.

Of the various societies affiliated to the Central Committee, the Society for the State Registration of Trained Nurses has been most active in propaganda work, during the year, and in drawing public attention to the proposals of the Nurses’ Bill.

In Scotland at the Nursing Conference held in Glasgow early in the year a resolution in support of State Registration of Nurses was carried unanimously, and subsequently forwarded to the Prime Minister.

In Ireland the Irish Nurses’ Association also actively supports the Nurses’ Registration Bill, and keeps Irish Members of Parliament well informed on the question.

Wherever nurses are organized in our Dominions beyond the Seas, they are working to secure legal status or already enjoy it.

The most important new organization this year is the South African Trained Nurses’ Association, in which eligibility for membership is registration as a general nurse, or midwife, in any Province of the Union of South Africa, no nurse not so registered being admitted to the Union.

In the United States of America registration laws have been passed in Florida, Kentucky, and Mississippi, bringing the number of States in which registration is in force up to 40.

MENINGITIS.

By Miss Amy Phipps.

Meningitis, or inflammation of the meninges (usually the pia mater) covering the brain, is a disease most commonly met with in early life, rarely occurring after the age of forty-five.

The disease may be simple or tubercular in origin, the latter being the most common, or it may occur as a complication of some other disease. The intensity of the inflammatory process varies; some cases are acute, others protracted, while many, particularly the tubercular ones, tend to run a chronic course. The part of the brain most usually attacked is the basal portion of the pia mater, usually including the fissure of Sylvius; the convexity is often found to be attacked also, but the limiting line is not easily defined.

In acute cases of simple meningitis the base of the pia mater is the seat of a purulent deposit, the exudation in some cases coating several of the cranial nerves and matted them to the adjacent membrane, involving the choroid plexuses. There is often considerable ventricular effusion, rendering the neighbouring cerebral tissue soft and oedematous.

In the tubercular form of meningitis the membrane is more or less inflamed, and there is usually an exudation of a serous or purulent character. The tuberculous granulations are met with in the course of the vessels of the pia mater, and are particularly numerous between the lips of the fissure of Sylvius. The lateral ventricles are often distended with serum, which frequently permeates the aqueduct of Sylvius, invading the fourth ventricle. The presence of the military tubercle in the meninges is often associated with a similar deposit in other organs.

The causes and predisposing causes of meningitis are many, and include direct or indirect injury, imperfect hygienic surroundings, alcohol, &c. Probably the majority of cases occur as a secondary disease, the primary affection being such as pulmonary or peritoneal tuberculosis, syphilis, orifices of the cranial bones, internal otitis, erysipelas, carbuncles, &c., of the face, tumour, abscess, or as the extension of inflammatory processes of the dura mater. The onset may be insidious, with a marked premonitory stage, or it may be quite sudden, the patient, in the midst of apparently perfect health, being suddenly attacked with symptoms suggestive of acute inflammation of the pia mater. The symptoms are, or may be, numerous, from the fact that the nerve centre of almost any part is likely to be attacked.
They include much mental disturbance, evidenced by a dazed, gloomy manner, restlessness, sleeplessness, disinclination for amusement, drowsiness, progressive emaciation (the face often escaping this), much irregularity of the evacuations of the bowels, probably suppression or retention of urine, the tongue usually white in the centre and red-tipped, headache, usually frontal and of paroxysmal character, causing a sharp, characteristic cry (hydrocephalic cry), and giddiness, often with short periods of mental vacancy.

Rigors are not infrequent. The temperature is usually elevated at first, with corresponding pulse rate; later, when effusion has taken place, there may be a very low temperature and a depressed pulse rate. The respiration is usually thoracic and irregular, and there may be well-marked delirium.

Evidences of local spasms, such as retraction of the head, through rigidity of the muscles of the neck; retraction of the abdominal walls, grinding of the teeth, muscular paralysis, and convulsions in children, are often present.

Lastly, there is often intolerance of light, and a deviation of the eyes or convergent squint appear from time to time; there is a feeling of cephalic constriction, and as effusion takes place, signs of cerebral compression appear, the patient gradually falling into a state of complete insensibility. Later in disease, cutaneous hyperesthesia, which is present early in the disease, is abolished, the pupils become fixed and dilated, and in children the full and throbbing fontanelle becomes scarcely discernible as death approaches.

The symptoms in many cases are short-lived; one paresis disappears and gives place to another constantly. Thus it will be seen that every individual case of meningitis of necessity needs to be observed and treated individually, each presenting its own peculiar symptoms. The disease is always serious, and the prognosis usually unfavourable; in an acute simple case death may occur in a few days, or may show some signs of recovery within ten days.

The nursing and treatment will be directed to recognising and treating symptoms as they arise; it is impossible to estimate the good results sometimes achieved by prompt and intelligent care.

The patient should be nursed in a recumbent position in a warm, well-ventilated room, and should be kept quiet and at perfect rest. Cold may be applied to the shaved scalp in the form of icebags or Lieter’s tubes. By means of the latter a continual flow of iced water is supplied to the inflamed area, a piece of lint being placed between the head and the application. Leeches are sometimes applied at the temples or behind the ears; also local blood-letting and blisters have sometimes proved efficient. In some cases warm applications appear to soothe, especially after effusion has taken place.

Chloral or bromide of potassium is often given per rectum to relieve the convulsions, and hypodermic injections of morphia to relieve pain.

The bowels should be regulated; if constipation be present enemata, or an aperient, such as calomel, by mouth, may be ordered; the condition of the bladder should be noted, and the patient catheterized, if necessary.

The mouth should be cleansed frequently, and any discharges from nose and ears bathed away.

The temperature, pulse, and respiration should be taken four-hourly, or more frequently if necessary, and recorded. The administration of sufficient nourishment will call for much resourcefulness; if the patient is unconscious it should be given with a teaspoon, and should be as highly concentrated as possible, the amount given by mouth being supplemented by rectal feeding, if necessary.

The patient should be clothed in flannel, and the extremities kept warm by well-protected hot bottles, the susceptibilities to burns on account of the paralysis which is probably present, being remembered. The limbs may be wrapped in cottonwool, and when the hands are tightly clenched, the fingers should be opened and a pad of cottonwool placed in the palms to avoid injury to the hands.

The great muscular wasting predisposes to bedsores; these are particularly apt to occur at the sides of the head, ankles, and all points of pressure. Therefore from the beginning the usual precautions must be taken, and the patient kept clean and dry. All directions as to nursing and treatment must be performed intelligently, and the effects of measures employed, together with any fresh symptoms, must be accurately noted and reported.

THE PREVENTION OF TYPHOID.

A Berlin medical journal says that the most important single prophylactic measure in the prevention of typhoid is the washing of the hands after defecation and before eating. If all were trained to do this systematically many illnesses other than typhoid would be avoided also. We have been surprised when visiting institutions and good houses to find no appliances for such ablutions in so-called "lavatories."
OUR PRIZE COMPETITION.

DEFINE THE WORDS a SEPTIC, b ASEPSIS, c DISINFECTANTS, d STERILIZATION, e WHAT IS MOST EFFICIENT?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gilmore Place, Edinburgh.

PRIZE PAPER.

In medical and surgical work certain terms are used to denote a special condition or procedure adopted in safeguarding patients and others from the attacks of harmful bacteria, such as the pathogenic organisms producing specific diseases, and, in surgical cases more particularly, the strepto and staphylococci, germs which cause pus formation and other morbid processes.

(a) Sterile is a term denoting the highest degree of safety from germs—absolutely free from harmful organisms. In surgical work this ideal must be attained before an operation commences, and applies to everything which comes in contact with the surgeon, the patient, and the assistants. Sterility is accomplished by a routine of cleansing and disinfection conscientiously carried out in every detail, and afterwards careful avoidance of contact with anything unsterile. The word "sterile" is mostly used in connection with those articles, such as towels, overalls, vessels, water, and instruments, which can, from their nature, be made unmistakably safe and germ free by both simple and scientific means of the highest order—i.e., boiling water; saturated steam; and strong chemical solutions, used as to their suitability for the article required.

(b) Asepsis is a word akin to sterile in that it means freedom from pathogenie organisms, and especially in medical and surgical nursing, where there is risk of infection. It is the opposite state of sepsis, and denotes a pure and wholesome condition. The term "surgically clean" is sometimes used. A surgical wound which heals without interference—i.e., which has not been infected with pathogenic organisms—is commonly called aseptic, and all aseptic wounds should be induced to remain in a state of asepsis throughout by aseptic treatment, which includes surgical cleanliness in the immediate surroundings, the hands and clothing of the nurse or operator, and the dressings and vessels in daily use. The patient's skin on the site of operation is required to be in a state of asepsis by repeated cleansing and preparatory disinfectant dressings. Also the surgeon's and assistants' hands must be aseptic; some call it a surface sterility, obtained by thorough washing and soaking in disinfectants. Asepsis in surgical and midwifery work is of the utmost importance, and this preventative condition should be at all times conscientiously maintained in details.

(c) Disinfectants are agents employed for the purifying from and destruction of the organisms of disease, the most efficient not only destroying the adult bacilli, but also killing the spores.

Three classes of disinfectants are: (1) Heat, dry and moist, at an extreme temperature.

(2) Chemicals used in various forms and strengths. Disinfectant drugs for most purposes are used in the form of antiseptics, which have the power of preventing and arresting the growth of organisms. Used as lotions, the perchloride of mercury, 1 in 1,000 for the hands, is perhaps one of the strongest, and boracic acid, for wounds, one of the mildest; both are good antiseptics, the latter valuable in keeping an aseptic area clean and fresh while repelling the onset of bacteria, where a stronger might be apt to destroy the newly formed tissues. Disinfectants vary in their destructive properties, some being of a very poisonous character, and harmful to the skin and tissues if used in great strength. The best are those soluble in water, non-corrosive, and as non-irritating as possible to the skin. Izal is one which is good and reliable for general purposes. Some, such as carbolic, are useful for those things which cannot be subjected to heat, such as metal, wooden, and leather articles; also for disinfecting stools and urine. Chloride of lime (bleaching powder) is especially useful for disposal of sputum or stools in insanitary places.

(3) Aerial or gaseous substances are employed for disinfecting rooms, furniture, and the air they contain. Sulphur dioxide, chlorine gas, and formaldehyde are commonly used, the last the most germicidal in the shortest space of time. These act best in the presence of moisture. The fumes, both for burning and in formaldehyde, for spraying, are very penetrating and irritating to the sensory organs.

(d) Sterilization is a process to render an article absolutely pure and free from living organisms. Instruments, glass vessels, rubber gloves, and other materials can be sterilized by being placed in boiling water in a covered vessel, and the temperature kept at boiling point for twenty or thirty minutes. Overalls, list slippers, towels, bedding, and thick and bulky textile materials are sterilized by placing in a specially built receptacle, where they are subjected to a high temperature (about 250° Fahr.), known as the "thermal death-point,"
for a given period of time from forty minutes to two hours; the higher the temperature, the quicker the action. The methods chiefly used are hot air and steam, saturated steam being the most efficient owing to its penetrating qualities.

After sterilization the articles must be protected from the air till required, if for surgical use, in sealed packages, or in chemical disinfectant solution, as the case may be. Fluids and foods can be sterilized in double pans closely covered, and cooled for use in the sterilizing vessels.

The most effective method is sterilization by the simplest and most efficient agent—heat. Small articles can be boiled, large articles cleaned and sealed. The domestic pans and steamers can be utilised when need be; and the oven, with a good fire kept up, an efficient hot-air sterilizer for articles most suitable for "baking."

Asepsis may be maintained with the judicious aid of disinfectants.

HONOURABLE MENTION.

The following competitors are awarded honourable mention:—Miss F. Sheppard, Miss D. Maton, Miss C. G. Cheatley, Miss D. Vine, Miss M. Wood, Miss M. Macarthy, Miss A. Sowden.

QUESTION FOR NEXT WEEK.

Mention some of the ways in which counter-irritation may be applied, and the methods of application.

THE NATIONAL COUNCIL OF TRAINED NURSES.

The Resolution passed at the Annual Meeting of the National Council of Trained Nurses—demanding a high quality of nursing in military auxiliary hospitals—though excluded from many London daily newspapers—has been widely published throughout the country, and has brought to the Editor of this Journal a number of very interesting letters in support of our claim.

We are pleased to note that the Seaman, the organ of the National Sailors' and Firemen's Union, has something to say on the question. The Editor writes:—

They (the fighting men) certainly should be looked after in the best way imaginable, especially after they have been wounded on the field of battle. Their comfort should be first consideration, and every conceivable device resorted to in order that they be once more brought back to health.

To accomplish this, the best professional nurses should be provided on the field, for I am one of those who believe—and I speak from experience—that careful nursing is almost as important as the attention of the surgeon or physician. But, unfortunately, there has been too much evidence of late that untrained persons are being sent out under the Red Cross to nurse our wounded Tommies. To put it bluntly, society ladies and others, anxious for a new craze, are forcing themselves on the authorities, on the plea of rendering assistance as "nurses at the Front." The occupation—in time of war only—has an attraction for them by reason of its glamour, and because of this the lives of our gallant soldiers are very often jeopardised through the attention (?) of unskilled busy-bodies.

Quoting the National Council resolution, he continues:—

These, to my mind, are most admirable sentiments, and as coming from those who understand the subject should be given heed to by the War Office authorities, for they are primarily responsible for the life of every soldier who has gone, or may hereafter go to the Front. The nursing of these brave fellows should not be made an enjoyment for unqualified outsiders, however well intentioned. There are hundreds of fully-trained nurses only too anxious to go to the battle field, or anywhere else where their services may be required, and until their numbers are exhausted I contend that no unskilled hands should be allowed to touch our maimed soldiers whose lives are the most precious asset of the nation at the present moment.

The men's Trade Unions have only to come out on this question and they could settle it right away.

The Army and Navy Gazette seems to imagine "that because Lord Knutsford and Sir Frederick Milner, who at least have ample opportunity for judging of, and inquiring into, the truth of the indictment which has been brought forward," have rushed into print to refute it, that should settle the matter. Why? These gentlemen are not trained nurses, and their opinion is really of very little value in such a controversy. We are pleased to note, however, that the Gazette cordially agrees..." that our soldiers should be provided by the State with thoroughly skilled nursing, and that amateurs should be rigorously excluded from attendance upon them."

Dr. Angus Macphee, of Glasgow, voices our sentiments entirely in the Glasgow Herald. He writes:—"My suggestion is that it be made a stringent and inflexible rule that no society should choose for war nursing any nurse who has not had hospital training for at least three years. This is a suggestion quite easily adopted, and it has besides this great advantage, which should not be grudged to the brave defenders of our country, that it would ensure that only capable and efficient nurses were engaged for the work."
RED CROSS HOSPITAL, HIGHFIELD, SOUTHAMPTON.

Miss M. Mollett's many friends will, we are sure, be glad to know something of the work which has drawn her back into the nursing world to place her many gifts at the service of the sick soldier.

The Southampton Division of the Hampshire Branch of the British Red Cross Society—largely owing to the energy of its President, Lady Emma Crichton, and the generosity of Dr. Alexander Hill, Principal of Hartley Uni-

versity College, Southampton, and a former Vice-Chancellor of Cambridge, who has placed Highfield Hall at the disposal of the Branch—has been able to organize a hospital which will accommodate 100 patients, 72 at Highfield Hall (36 in four wards on the ground floor, and 36 in 13 rooms on the floor above) and 28 at an Annexe in Highfield Lane, where Mrs. King, trained at St. Bartholomew's Hospital, is Sister-in-Charge, the two horses, which are close to Southampton Common, being in telephonic communication.

Fleet Surgeon H. W. Macnamara is Resident Surgeon, and the medical staff of the Royal South Hants Hospital act as the visiting staff. The hospitals are used both in connection with Netley Hospital and also for the reception of cases straight from the Docks.

By the kind permission of the Southampton Pictorial we are able to publish the accompanying illustrations of the back of Highfield Hall, showing the Winter Garden, and of Miss Mollett, a number of trained members of the staff, and the Resident Surgeon.

The trained nursing staff, eight of whom were supplied and their salaries paid by the British Red Cross Society in London, are, at Highfield Hall, in addition to Miss Mollett,

Miss Winterscale, Assistant Matron, Miss Gilbert (Sister), Mrs. MacArthur, Miss Eskell, Miss Leslie (Sister), Miss Mason (lent by the Queen Victoria Jubilee Institute), Miss Dobie, Mrs. Wainwright, Miss Bonshore, Miss Atkin, and Miss Harvey; and at the Highfield Lane Hospital, working under Mrs. King, are Miss Kenny and Miss Burge. Assisting in both hospitals, as probationers, are members of the local Voluntary Aid Detachments connected with the Red Cross. Other members act as pantrymaids, hall porters, and assistant cooks, and two look after the recreation room.

The bedsteads used in both hospitals are all of the regulation hospital pattern, with wire-
woven mattresses, and comfortable mattresses on the top.

There is central heating throughout the ground floor, the winter garden (used as the men's recreation room and dining room), and there is a billiard room and theatre.

Twice a week subscribers are admitted to view the hospital, which is certainly calculated to stimulate local interest, and a good thing to encourage, always provided that such occasions are not regarded as a cinema show, of which there is some danger.

Besides Highfield Hall and Highfield Lane

Hospitals the Hampshire Branch of the British Red Cross Society also maintains a Detention Hospital at the Docks for dealing with casualties occurring among the troops on embarkation, and a Clothing Depot at Portswood House, which supplies the hospital ships arriving in the port with clothing, thousands of such articles having already been issued; from which it will be seen that the Southampton Division of the Hampshire Branch of the British Red Cross Society is a very energetic and well-organized one, as apparently, with regard to the nursing of the sick, it realized how necessary it was to have at the head of its hospital, with full responsibility, an experienced Matron and an Assistant Matron, as well as a large proportion of certificated nurses.

We are sure that Miss Mollett and Miss Winterscale, and their willing helpers, will find a very congenial and useful sphere of work in the care of the patients.

Some day, when the war is over, or sooner if she can find a spare minute, we hope Miss Mollett will tell us something of Southampton during the war, something about the portal of the war, the gate through which men troop to glory in life, and glory in death, from whence

"The dead, the dead, they call you
To come and take their place."

The early days were, she tells us, weird in the extreme. Night and day the troops tramped, rattled, and clattered down the High Street, under the old Bargate, to the Docks; night and day hundreds of troop trains passed under Northern Bridge to the troopers in the docks, night and day men worked at loading up the boats, and the syrens hooted down the Water.

May they soon hoot to announce the return of our victorious troops on the conclusion of an honourable peace.
NURSING AND THE WAR.

Christmas Days spent in hospitals are notoriously happy, and we feel sure that, in spite of everything which tends to sadness, there will be no exception to the rule this year. Doctors, Matrons, Sisters, Staff Nurses and Orderlies, will do their utmost to make the day a red letter one for the brave men wounded in their country's service, the majority of whom will shortly be returning to the fighting line. And Tommy Atkins, debonair, easy to please, courteous, and

Nurses will be glad to know that Sir Claude Macdonald, Chairman of the Foreign Service Committee, St. John Ambulance, has written an appreciative letter to the press on the work of the eighteen British Nurses sent out by the Association to Antwerp. When the bombardment was imminent, one and all when given the option of leaving the city, naturally declined to desert their patients.

Sir Claude writes:—" It has been my privilege to speak to most of these nurses, all of whom have now returned safely, and I have listened to the

grateful, will in his turn contribute to the general enjoyment.

By the courtesy of the Daily Call we are able to publish our illustration of some of the Sisters at the Manchester Military Base Hospital (T. F.)—stirring the Christmas pudding, which shows that one necessary element, in the making of Christmas will be forthcoming. No Britisher, whether his lot is cast in frigid, temperate, or torrid zones considers Christmas spent aright if he has not consumed a portion of the plum pudding of old England.

narrative of their adventures, simply, and modestly told, with feelings of great pride of race, which I am sure will be shared by Britons all the world over. One incident I give, as a sample of what all did. Two nurses were left in charge of nine of our men: sailors and marines grievously wounded. The house in which they were was set on fire by a shell. With great difficulty they carried their charges into the street; by begging assistance from scared passers-by they had them conveyed under a heavy fire
to a barge on the Scheldt, and never left their helpless countrymen until they had landed them safely in hospital at Folkestone. These in charge of Belgian wounded carried them into the cellars of the bombarded houses and remained with them until rescue came, or they were made temporary prisoners by the Germans. I regret that circumstances have prevented my publishing this testimony to the bravery of our nurses sooner, but I venture to think that this is certainly a case of better late than never.

Very little has been said concerning the extra duties in the way of correspondence undertaken by nursing sisters in military hospitals. The soldiers, however, speak in terms of warmest appreciation of the tact and discretion shown by these ladies in expressing their sentiments. The duties are often of a delicate character, especially when the communications have to be inserted under the shadow of death, and at best Tommies though they are so smart in talking, are not good in dictating what they want to say. Many commissions are also entrusted, such as the delivery of small mementoes, and the ascertaining of addresses to which information is to be sent. The War Office authorities do their utmost to act as paterfamilias; but soldiers prefer to make these messages matters of personal trust, and are immensely relieved when serious-minded yet kindly nursing sisters undertake them.

We have warned nurses many times since War broke out, how necessary it is for their health and safety that when dressing poisonous wounds they should wear rubber gloves, and now we hear of two narrow shaves from nurses failing to do so. Nearly all the cases which come direct from the front into the hospitals on the French coast are in a very dangerous condition; their wounds, badly septic from the sad condition in which many find themselves, so long before their terrible injuries can be thoroughly cleansed and cared for. Several nurses have through pin pricks and other channels become infected, and fingers, hands and lives have been risked, to say nothing of long weeks of weary convalescence, during which they will be quite unable to work. Rubber gloves are a very great safeguard, and careful nurses should wear them, without fail, when dressing infected wounds. These guards have only one drawback, they are expensive; they should be provided in every hospital for the wounded, and they would be a very sensible New Year's gift from the public to our nurses at the Front.

Mrs. Wells, of West Ham, has (says a contemporary) received from her husband an extremely amusing letter, describing his sojourn in an elaborately fitted nursing home, after the work in the trenches. He says:

"I am absolutely in clover at the time of writing. There are six of us, all in snow-white beds. Each bed has a hot-water bottle, and we have silk pyjamas on. I should like you to see me."

"We keep looking at each other and laughing fit to burst! There are four sisters looking after us, and two or three 'toffs.'

"They have just brought in our tea—two slices of bread and butter that thin that you could shave with it, and they are such 'big pots' at this hospital that we don't like to ask them for more.

"I am going to ask to come home on Monday.

"We got out at Folkestone Station. There were crows cheering us. They gave us hot Bovril and sandwiches, and then up came his lordship with a sister and stretchers, and Heaven knows what in a great motor-car.

"They helped us up, and away we went. Then, as I said before, they gave us silk jackets and drawers, and so into bed.

"One by one we then had a bath—the first for months. We had not changed our shirts since we came out. So you may guess at our condition.

"I told the sister that I would sleep in the coal-hole if she liked, but she said 'Never.'"

The organization of professional nurses in Germany has greatly suffered from an invasion of voluntary helpers. In the "Organ of the League of German Women," Sister Agnes Karll, the foundress of the organization, gives a brief survey of the first three months of the war. Besides 26,000 Nurses, 12,000 Deaconesses, 1,000 workers of the Order of St. John, 5,000 Red Cross Sisters, and about 1,000 Deaconesses working in Community, there are 30,000 professional nursing Sisters available for war service. Unfortunately, there is very little demand for the latter. According to the experience of Sister Agnes, thousands of willing but utterly inexperienced women are crowding into the hospitals for a smattering of training, often only for a fortnight, and with usually no theoretical "training" at all. The most astonishing part of it all is that considerably fewer trained nurses appear to be required for war service, than was allowed for by the estimate made in time of peace. A large number of professional nurses have found employment in Hospitals in Vienna, where there has been a considerable shortage. In order to avoid trouble and difficulty at this time, they have felt compelled to give their skilled work without remuneration. The difficulty was that before the trained nurses took up work in these hospitals, the nursing had been done by untrained helpers, drawn from the well-to-do middle classes, who gave their services. Such an arrangement was naturally a failure, and they were replaced by the trained nurses. To re-organize nursing affairs, so that a proper place shall be assigned to the trained nurse, must be one of the first things to be done when peace has been established.

The American Red Cross Society is a model to the world so far as its nursing organisation is concerned. All nurses enlisted must hold a diploma for not less than two years' hospital training, or from States where registration is in force, be registered. The American Journal of
Nursing this month criticises the lack of nursing standards required by the British Red Cross Society, by those who wear its Badge, and adds, "A well organised Nursing Service for the Red Cross in time of peace is the only safe preparation for the proper care of the sick in time of War. Even from this country at the present time untrained women are going abroad under other agencies than the Red Cross, and it would seem that in order to protect the sick and wounded in the armies from amateur nursing there should be broader co-operation between Governments than now exists. The lure of war has just as great a fascination for women as it has for men, but the soldier must be properly enrolled and under proper supervision in order to fight, while anybody and everybody are still being allowed to care for those who are down and out."

**French Flag Nursing Corps.**

The Registered Nurses' Society Unit which went to Rouen in October and has since been working there at the Hotel Dieu Military Hospital, has been transferred to Bordeaux for service in the military hospital at Talence. One of the Sisters writes: "I think this place will be charming when it is in working order, everybody is so kind and obliging. Our departure from Rouen was rather hurried. When the Medecin Chief sent for us and gave us the order to go to Bordeaux he made a charming speech and told us if we were not happy there he would ask for us to return to the Hotel Dieu, where they would always be glad to have us. Then one of the Surgeons made a speech, saying how he regretted our departure, and hoped for our return soon, he said we were 'quick, clean, and clever, and they had liked very much to know us.' We had sad scenes saying good-bye to les bonnes Sevres, who all wept and were very upset, and said how hard it would be for them to do without us now. Then we had to go down to the Chet de Santé, where we had renewed flattering things said, and we left Rouen fearfully inflated with pride. . . . We arrived in Paris on Thursday in time for a wonderful service at Notre Dame, conducted by the Archbishop of Paris and all the other high dignitaries of the Church. It was a consolation service blessing the Allied Armies and was most ornate and very impressive."

On Friday 18th inst. nine Nurses started off from London by boat for Bordeaux, six of whose names appeared in our last issue—Miss C. P. Todd, Supervisor of the National Union of Trained Nurses' Unit, was not able to go, but will follow at an early date. Miss Eden was present to wish them a safe voyage to her flock, and Miss M. Stuart Nairne, cert. St. George's Hospital, Miss A. M. Rogers, cert. Guy's Hospital, and Miss J. D. T. Roth, cert. Sheffield Union Infirmary, were also of the party. The good news is reported that there are many less wounded men in France, so that no more nurses will be sent out in the immediate future, with the exception of those already arranged for.

**The Joint War Committee.**

**Nurses' Branch.**

The following nurse has been sent on active service from St. John's Gate, E.C., under the authority of the Joint War Committee:

- c.o. Dr. Dudley Wright, Vicar, Dibpe—Miss M. M. Sharpin.

The following nurses have been supplied to Home Hospitals:

- **Bury (Lancashire).**—Miss E. Berry and Miss R. Radakin.
- **Hough Hall, Wigton.**—Miss J. Penrose.
- **Thorncombe Military Hospital, Bradley.** Miss A. H. MacCormac.
- **Victoria Hall, Southborough.**—Miss E. Pollard.
- **Brentford Park, near Richmond.**—Miss A. W. Stol.
- **Frodle Court, Ilton.**—Miss E. B. Gully.
- **T. D. Hospital, Shottery.**—Miss Fyffe.
- **Broadcaster Hospital, Ipswich.**—Miss S. Foxe.

The following nurses have been sent to Military Auxiliary Hospitals from 87, Pall Mall, S.W.:

- **Addington Park.**—Miss E. Chumley and Miss E. Bly.
- **Tyneley Hall.**—Miss Tate, Miss Wood and Miss O'Donoghue.
- **c.o. Miss Butler, Exeter.**—Miss E. Dover-Jones.
- **c.o. Lady Dawson, Broadstairs.**—Miss P. Orford.
- **Northlands Red Cross Hospital, Emsworth.**—Miss E. Fyson.
- **Royal Bath Hospital, Harrogate.**—Miss M. Farrell.
- **Boucault Red Cross Hospital, Wimborne.**—Miss L. Clarke.

On Saturday last, the King and Queen paid a visit to the "Barts" No. 1 London General Territorial Hospital, at St. Gabriel's College, Camberwell. Their Majesties were received by Colonel Tooth, Major Oswald, and Miss Cox-Davies (Principal Matron), and before leaving spoke in high praise of the arrangements and care of the patients.
THE CARE OF THE WOUNDED.

Colonel Sir Anthony Bowly, C.M.G., Consulting Surgeon to the Expeditionary Force, contributes to the British Medical Journal an interesting article on "The Work of the 'Clearing Hospitals' during the Past Six Weeks, in the course of which he says:

'For the sake of those who are not yet familiar with army nomenclature, I will premise that a 'clearing' hospital is placed conveniently near to the field ambulances of the different corps, and that the wounded are sent into it as soon as possible after being injured, and after their first field dressing. In actual practice this generally means that the men wounded during the night-fighting are brought in in the morning, and those wounded in the day may either be got in during the afternoon, or else it may be necessary to wait till darkness permits of their being brought in safely.

'A clearing' hospital is essentially a 'mobile unit,' and must be able to move with the army at the shortest notice. Consequently, it is not equipped like a 'general' hospital, for it has no tents or huts, and it has stretches instead of beds, and no such luxuries as X-rays and a pathological outfit. It consists really only of a staff, with a sufficient amount of surgical and medical equipment for emergencies, and is in future to be called a 'casualty clearing station.' But, although these are the normal conditions, we were very fortunate in that we found some excellent buildings in this town and in the neighbouring ones, and we occupied school houses, hospitals, lycées, and colleges, many of which had a few excellent beds and bedding, and two of which had sisters of charity as nurses, and operating theatres. What is very striking is that these small towns have far more commodious buildings than would be found in any similar places in Great Britain.

'It must be realised that a clearing hospital is supposed to be staffed and equipped for 200 patients, but warfare and necessity know no laws, and sufficient accommodation was at once found in a derelict college and in a joint factory, and all night the staff laboured hard and got through their work splendidly. But this was only the beginning of a month of unprecedented difficulties, all of which have been mounted in the same spirit of prompt decision and energetic action which characterised this first incident.

'It is quite impossible really to describe the scene at a clearing hospital when the fighting was at its height, but I will try to give some idea of it. Picture a large open space surrounded by buildings. Into this there drives a motor ambulance. The tall curtains are opened and reveal four 'lying-down cases' on stretchers. These latter are swiftly and carefully stripped and carried into a large receiving room 30 or 40 ft. long. Another ambulance draws up with six or eight men who are 'sitting-up' cases, and these are helped out and walk into the receiving room.

'The clothes of the patients are all thick with mud. Ambulance follows ambulance, for the field ambulances at the front have been filled up during the night, and there has been heavy fighting again at daybreak—a common hour for attacks—and thus it has happened that on many days from 500 to 1,000 or more wounded have arrived at a single clearing hospital in a single twenty-four hours.

'And now look inside the receiving room. Here are half a dozen or more surgeons, often some dressers who are medical students, and a score or two of well-trained and very efficient orderlies. Men with simple flesh wounds are sitting on the benches round the room while the surgeons look at their wounds, and perhaps decide that a simple dressing is all that is required; the skin is painted with iodine, the wound is washed with an antiseptic, a dressing is put on by the orderly, and the patient goes off to another room for rest and food.

'In another patient the arm bones are fractured, and splints have to be applied before the wound is dressed. In another case there is a bad smash of the thigh or the leg bones, and an anaesthetic is required and given, while the clothes are cut off, the wound washed out with an antiseptic, and splints and dressings applied.

'Here is a man in whom it is only too evident that the limb is hopelessly smashed, so the patient is put into the ambulance and sent round to a neighbouring building where a surgeon is in waiting ready to amputate, so the work of dressing the wounded is not interrupted by an amputation. But, in addition to the dressing of wounds, you will see that one surgeon is detailed to inject every man with antitetanus serum, and you will notice that all the men are given hot soup or milk, or perhaps stimulants, while they wait their turns to see the surgeon.

'But you must next appreciate that the hospital is only a 'clearing hospital' or 'station,' and in its turn it must be promptly cleared of all cases that can be moved, so as to be ready for next day's wounded. Therefore, ambulance trains must be ready daily to remove their hundreds to Boulogne or Rouen, or to hospital ships waiting to go to England. You might, at first thought, consider that there should be no difficulty about these trains, but there is a great one. The first duty of every general is to defeat the enemy, and trains for troops, and guns, and horses, and stores are the very first consideration, and Red Cross trains must wait their turn.'

'Sir Anthony considers that 'gangrene is to be prevented to some extent, at least, by avoiding all constricting bandages which lead to constriction and oedema, and by opening up, and washing with antiseptics, wounds which seem to require it, so as to relieve tension, and prevent the removal of dirt, bone debris, and clothing, and all such wounds require the most free draining, and, of course, no such wounds are to be sutured.

'There is also no doubt that if dressings are allowed to stay on too long, so that they dry, and
ork up the discharge, gangrene is specially likely to occur. Frequent dressings are therefore most necessary, and this is specially the case in shell wounds, where the contusions and lacerations of the tissues are far more extensive than can be seen, and are in no way limited to the obviously wounded area. The muscles and fascia far away from the wound may subsequently slough from the mere traumatism, and in such dead tissues the spreading gangrene is specially likely to start. . . .

In conclusion, Sir Anthony says:—

"I cannot close these notes of the clearing stations without a word as to the demeanour of the patients. Nothing could be more admirable than the sang froid and cheeriness of men and officers alike. Many of them were cold, wet, and hungry; all of them had more or less pain. Some of them had suffered exceedingly during their transit from the front, some of them were faint from loss of blood. A few were obviously dying; yet no one really grumbled or made querulous complaints. At the most they asked for something to drink, or for someone to move them to a more comfortable position. Many of them were so tired that, in spite of pain, they went to sleep on their stretchers, but unless they were too tired they were cheerful and grateful to those who helped them. Their spirit was not broken by their misfortune, and they were still as steady and self-reliant as when they endured the shell fire in the trench or advanced to the counter-attack."

APPOINTMENTS.

**MATRON.**

Coventry and Warwickshire Hospital, Coventry,

Miss S. Hutchinson has been appointed Matron. She was trained at the Royal Infirmary, Manchester, and has held the position of Night Sister at the County Hospital, Ryde, Isle of Wight; Senior Sister and Deputy Matron at the Miller Hospital, Greenwich; Senior Sister and Deputy Matron at Princess Alice Hospital, Eastbourne; and for the last three-and-a-half years she has been Assistant Matron of King Edward VII's Hospital, Cardiff.

**NURSE MATRON.**

Cottage Hospital, Dawlish. Miss A. Danberry has been appointed Nurse-Matron. She was trained at the Royal Infirmary, Sheffield, and has since held the position of Staff Nurse at the Cottage Hospital, Port Sunlight, and at Birkenhead Hospital near Sheffield.

Richard Murray Hospital, Blackhill, Dublin. Miss L. K. Northcroft has been appointed Nurse-Matron. She was trained at the Beckett Hospital, Barnsley, and has been Ward Sister at the Royal Hospital, Portsmouth, and Matron of the Morrel Memorial Hospital, Wallington.

**NIGHT SUPERINTENDENT.**

St. Luke's Hospital, Halifax. Miss Elizabeth Ford has been appointed Night Superintendent. She was trained at the Poplar and Stepney Sick Asylum and has held the position of Sister at the Shoreditch Infirmary, and of Staff Nurse at the Victoria Hospital, Folkestone.

**HEALTH VISITORS.**

Hampshire County Council. The following ladies have been appointed Visitors in the Health Department:

- Miss Dorothy Franklin, trained at the Isolation Hospital, Bedford, certificated midwife, certificate Royal Sanitary Institute.
- Miss Mabel B. Long, received training in nursing at Exeter, certificated midwife.
- Miss Florence M. Perrett, trained and certificated at St. George's Hospital, S.W., certificate two years' fever training, certificated midwife.
- Miss Winifred Sayer, trained at Queen Charlotte's Hospital, certificated midwife, certificate L.C.C., Teacher's Certificate of First Aid, Home Nursing and Infant Care.
- Miss Kate E. Teal, trained and certificated at St. Luke's Infirmary, Chelsea. Previous experience one year at the Central London Ophthalmic Hospital, London, three years at St. Leonard's Infirmary, Shoreditch, and six months at St. Olave's Infirmary, Bermondsey.

**SCHOOL NURSE.**

Kent Education Committee, Sessions House, Maidstone—Miss Agnes Sourlook has been appointed School Nurse. She was trained at the Carmarthen County Hospital; and has held the position of Sister at the North-Eastern Hospital, Tottenham, and at Dartford, under the Metropolitan Asylums' Board, she has also been Staff Nurse at the Royal Hospital for Diseases of the Chest, City Road; and District Nurse in connection with the North London Nursing Association.

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

The undermentioned ladies to be Staff Nurses, Miss Charlotte Rose Miller (dated October 1st, 1913), Miss Eliza Vera Louisa Clarke (dated March 17th, 1914), Miss Dorothy Frances Madde (dated May 2nd, 1914).

**PRESENTATION.**

At the Public Hall, Clydach, Swansea Valley, Mrs. Ann Davies, of Rockfield House, Clydach, who has recently retired after thirty-five years' service as a nurse in the Swansea Valley District, was made the recipient by the inhabitants of Clydach and district of an illuminated address, handsomely framed, and a purse of gold. The Rev. T. Valentine Evans (a gallant) presided over a large attendance. Mrs. John Jones, of Penybanc, and Mrs. E. Owen, of Dysgwylfa, made the presentations, and testimony to the kindness and skill shown by Mrs. Davies was made by several doctors and ministers with whom she had been associated in her duties.

**THE PASSING BELL.**

We greatly regret to record the death of Miss Jane McEwen, Matron of Chalmers Hospital, Banff, who, after thirteen year's good work, died whilst on sick leave. At a meeting of the managers...
on Wednesday in last week, the Chairman said that since their last meeting he had had the sad duty of attending the funeral of their Matron. She had come to them thirteen years ago with very high recommendations from eminent surgeons, and had more than fulfilled their expectations. She brought to the discharge of her duties much skill and ability; and, above all, much conscientiousness.

It was proposed from the chair, and agreed, that the Managers' appreciation of her services should be entered in the minutes, and an extract sent to her brother, Professor M'Kerron, in Aberdeen.

Miss M'Kerron was trained at Charing Cross Hospital; and was Assistant Matron at the Royal Infirmary, Wigan.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES.

1. What is the principle involved in the use of earth closets? How should they be arranged and where placed with reference to the dwellings they serve?

2. How would you deal with a case of Post Partum Haemorrhage in the absence of a Doctor?

3. What are the advantages and disadvantages of gas as a means of heating rooms? In what respect does heating of rooms by an open fireplace differ from doing so by a closed stove?

4. Describe fully how you would give a hot pack in a case of Albuminuria in the district.

5. What are the essentials of an "adequate diet"? Discuss the relative value of the various foodstuffs available for the poor.

6. If, when visiting school children in their own homes, you found a bad case of Pediculi Capitis, how would you deal with it?

TOYS FOR TINIES.

We have to thank Miss Ada Samuda, Miss Wilkinson and Miss J. T. Grant for boxes of beautiful toys for poor children, who otherwise might be left out in the cold on Christmas Day, so far as pretty gifts are concerned. We shall forward them in equal shares for the children at the Farnet Union Infirmary (in memory of the late Superintendent Nurse, who, last year, was so thankful for her share of The British Journal of Nursing toys), and to Miss A. Fairbank, Superintendent Nurse, Union Infirmary, Oulton (who has always had help for her Christmas tree through this journal). Miss Samuda's toys are to go to the "very poorest children," so have found their way to the East of London.

LEGAL MATTERS.

Miss Kate Hume, 17, has been again brought up at Dumfries on a new High Court indictment, charging her with forging two letters which formed the foundation of the bogus story of the murder of a nurse by Germans at Vilvorde, Brussels.

Sheriff Campion intimated that the trial will take place at Edinburgh on Monday, Dec. 28.

NURSING ECHOES.

In the letter from the King read at the meeting of the Governors and General Council of King Edward's Hospital Fund for London he said:—

"The King trusts that the pressing needs of the voluntary hospitals during the present crisis will not be lost sight of, and that the fund may receive such support as to be able to increase its annual distributions next year.

"His Majesty has observed with lively interest the fact that the professional staffs of the London hospitals have been largely called upon to assist at the seat of the war as well as at home in treating the sick and wounded. Many contingents from the nursing staffs are working abroad in their professional capacities, while the hospitals in London have in no small measure assisted in dealing with the wounded brought to England."

The amount received for the Fund on capital account was £370,850 10s. 11d., and on general account, after payment of expenses, £135,706 13s. 3d. £140,000 was distributed amongst the hospitals, the London Hospital heading the list with a gift of £12,000; Guy's Hospital, £7,500; the Royal Free Hospital, £5,000; Queen's College Hospital, £5,000; Prince of Wales, £5,000; Great Northern, £4,500; and Charing Cross, Dreadnought, Middlesex, Queen's Hospital for Children, and Westminster, £4,000 each.

There are rumours—and only rumours, let us hope—that it has been suggested to permit untrained Red Cross nurses entry into the Territorial Hospitals. Should any real attempt be made to include them in the scheme of the Territorial Nursing Service, it would be a serious breach of contract upon the part of the War Office, with the fully trained staff, which volunteered for service under certain regulations, and to which they might take exception. The Territorial Nurses deserve well of their country—they sacrifice much in its service—and any attempt through social influence to deprive them of their well-earned status, must be very jealously guarded against.

Our sick soldiers and the nursing profession owe a debt of gratitude to "Endi," of the Referee, for her outspoken and courageous article in last Sunday's issue on the "Nursing the Wounded Madness." In her opinion, this craze "is a shameful state of things, so shameful that something should be done to put a stop to it." That also is the considered
opinion of the National Council of Trained Nurses.

Miss C. G. Cheatley writes that whatever kind of splint is used in the treatment of fractures, the nurse should always be on the watch for excessive pressure. After the splints are applied the limb frequently swells, and the bandage may become so tight as to cause gangrene of the part.

Bedsores are often very difficult to prevent in cases of fracture. The patient has to lie still in one position, and in such cases as fractured hip is very helpless. The usual precautions must be practised with the utmost care.

On a representation by the Medical Officer of Health, the Public Health Committee of Edinburgh Town Council has agreed to recommend the appointment of three district tuberculosis nurses, making a total of six.

We congratulate the Cape Hospital Board on its interest in nursing education, and quote from the South African Nursing Record as follows:—

"Since writing our leader this month we have received the report of the Colonial Medical Council's meeting for October, and note therein that the Council has been approached by the Cape Hospitals' Board for advice on certain matters appertaining to its probationer nurses. A notice of motion on the same subject already stood in Dr. Wood's name. Briefly, the Board proposes to demand a certain standard of general education from probationers entering on their training, to be judged presumably by a preliminary examination on general subjects; and also to offer increased facilities to its nurses for systematic study. Both these matters we have written about several times, and we sincerely hope that some definite understanding may be arrived at. The Cape Hospitals' Board is to be congratulated on taking this definite step in the direction of the advancement of nursing learning and the amelioration of the professional status of the trained nurse."

STATE REGISTRATION.

The following Resolution has been passed by the Board of Management of the Royal Sussex County Hospital:—

"That all Nurses who have gone through a three years' course of training in an approved General Hospital should be entitled to be registered should they so desire, and that no one else should be allowed to call herself a "Registered Nurse."

FEVER NURSES' ASSOCIATION.

A meeting of the Executive Committee of the Fever Nurses' Association was held on December 5th.

It was reported that of 69 candidates who entered for the October examination for the Association's Certificate, 49 were successful. They were elected registered members of the Association. Their names have already been published.

It was resolved to request the heads of those Fever Hospitals which are recognised by the Association as Training Schools for fever nursing to state in their advertisements for probationers that the Association's Certificate is to be obtained at the hospital.

It was also resolved to draw the attention of Committees of Fever Hospitals to the value of the Association's Certificate as evidence of efficient training in fever nursing.

"URGENT CASES" HOSPITAL FOR FRANCE.

Miss Evelyn E. C. Eden, who knows conditions in France well, and the need of our brave Allies, is making an appeal for an "Urgent Cases" Hospital for France. The scheme is sanctioned by the French Ministry for War, and approved by Sir Wilmot Herringham, Advisory Physician to the Expeditionary Force in France, and others. At present many cases receive no attention for days, and when they reach the base hospitals it is too late. Facilities for early operations are thus a very great need on the French lines of communications. Men whose lives might have been saved are dying of gangrene and other forms of sepsis. Our Allies have greater difficulties to contend with than we have. They have in their country Belgian and German wounded, and they have had an invading enemy devastating the land. Besides, a good many English wounded are brought to base hospitals in France. It is proposed to place the hospital either at the rail head or on the railway line, as decided by the authorities. The more urgent cases would be immediately operated on there, and passed on as soon as ready to travel, and so make room for more. It is estimated that about £5,000 are necessary to carry out an efficient scheme. Each hospital is to have about 50 beds, and we note with pleasure that the nurses are to be fully trained. The temporary office is 39, Great Smith Street, S.W., where Miss Eden will gladly receive contributions. It is hoped that motors will work in connection with the hospital, so that it may be mobile.
HE KNEW MISS NIGHTINGALE.

"Is it true that he knew Miss Nightingale?" I asked this question in a small, humbly furnished room in Haggerston.

I asked it of an old man with long, white hair and curiously beautiful blue eyes.

"Why yes, gal, I should think I did. It was at Balaklava. I was a smart young fellow then. Everyone liked me." The blue eyes smile with reminiscient vanity.

"And Miss Nightingale?"

"Why I harnessed the mules for her when she drove to Scutari. I see her now. She stood holding the handle of the carriage door, waiting for me to finish. I've showed me pictures of her since then, but they ain't right. I've see'd her old trap, so I'm tellin' you what's natural. It was more like one of our old cabs. My mate what drove her lived in Hoxton; it's not so long since he died.

"Her hut wasn't a hundred yards from mine, O, gal, I can see her with her red lamp going from hut to hut. Here, there, and everywhere she was. She was a business little woman, and though there was plenty of sick and wounded, she got everything she could for them." The blue eyes travel far beyond the confines of his little room and become wistful.

"If I were in Balaklava I could see that hut." They sparkle once more with the fire of youth as he exclaims, "I'd like to be out there now" — and fill with tears— "but I gets so tired."

He would like so much to hear again "The Old Folks at Home," as they used to sing it out there.

"I left my old folk, my old father and mother, to go out there."

Now he is old, and tired, and often lonely, but the memory of the "Lady with the Lamp" can still make the soldier stand at salute. H. H.

The French Minister of War, M. Millerand, has decided to send New Year's gifts to all the soldiers at the front—and well they deserve them. They will receive packages of delicacies, consisting of ham and sausage, champagne (one bottle among four), oranges, apples, and cigars.

HE KNEW MISS NIGHTINGALE.

OUTSIDE THE GATES.

WOMEN.

M. Maurice Barres announces, in the Echo de Paris, his intention to submit to a Committee of the Chamber of Deputies a proposal for the institution of a national fête in memory of Joan of Arc.

Those who consider that women should have no voice as to the declaration of war, which is no concern of theirs, should read the Address given by Professor Jacobs, of Brussels, to the Edinburgh Obstetrical Society, and published in the Lancet of December 19th. In describing the heavy share of suffering borne by Belgian doctors who were trying faithfully to fulfil their duty by remaining at their posts, and to sustain their wives and children while doing their best to alleviate the general misery, Professor Jacobs said that one doctor had to live for three days on way side herbs, and his wife shared his fate. Another was searching, in vain, for six or seven days for his wife and family in the country round. There were widows and orphans of doctors deprived of everything. A doctor and his son were shot before the eyes of the wife. As head of the Belgian Red Cross, Professor Jacobs visited a château, but found the Red Cross had not been respected; it had been completely destroyed, and the bodies of six girls —aged from 10 to 17— were lying on the lawn.

A convent containing 65 sisters had been entered by the German soldiers, and every one had been violated; on the evidence of the doctor to the institution, 25 were pregnant. Professor Jacobs had operated on the wife of a doctor living near Namur. Three weeks after the operation, when convalescing and still in bed, their house was entered by German soldiers; she was raped by seven of them and died two days afterwards.

Visitors to the Royal Academy this year will remember the beautiful bronze group by Mr. Richard R. Goulden, R.B.S., representing the late Mrs. Ramsay Macdonald surrounded by a group of happy children.

On Friday, 19th inst., this group, which has been
placed in Lincoln's Inn Fields as part of a women's
memorial to Mrs. Macdonald was unveiled by
Sir Laurence Gomme. The memorial takes the
form of a seat for six persons, made of the wood of
H.M.S. Invincible, sheltered by an enclosing
granite setting carrying the bronze group. The
memorial bears the following inscription:—
"She was the daughter of John and Margaret
Gladston. She was born in Kensington in 1870 ;
was married to J. Ramsay Macdonald in 1890,
and lived with him at 3, Lincoln's Inn Fields.
Here her children were born, and here she died in
1911. She brought joy to others with whom and
for whom she lived and worked. Her heart
went out in fellowship to her fellow-women, and in
love to the children of the people whom she served
as a citizen, and helped as a sister. She quickened
faith and zeal in others by her life and took no
rest from doing good."

BOOK OF THE WEEK.

"WHAT A WOMAN WANTS." *

What this particular woman wanted was a
husband. This is a chronicle of a smouldering
harmless tragedy, and the history of Christmas
Hamlyn such as might represent the lives of
hundreds of women in village homesteads. In
saying this we do not allude to the period in which
Christmas diverged, and broke away from her
surroundings. Personally we consider this episode
as marring the story.

We know her first at sixteen years of age, the
child of Mrs. Hamlyn, who, with her son managed
a Sussex farm, and was always "jealous tired."
"She had the slovenly pose of the tired-out
woman which seems to invert the figure—turning
back to front. Christmas and she was conically
alike. They were certainly plain as a family.
Christmas had adored blue eyes. Her nose was
far too long; it gave her face a foolish look.
Her expression, half shy, half sulky, prevails
among simple people who live in lonely places.
Her one fixed beauty was her plentiful hair that
was the colour of corn—corn as it is at the last,
before the reaper comes."

Such was Christmas at sixteen, when her mother
bid her go to afternoon service at Shoreham
Church, and to be home "in full daylight."
"It would go hard with anyone who cut across
the moral canons of Ann Hamlyn."

It was after the service that Christmas met the
sailor boy, who asked her to sit on the beach a
bit, and who stole kisses in the twilight.

When she saw him off by the train at Shoreham
"he sat grinning to himself. Of the other
sailors tapped him on the knee with his pipe:
'Who was that girl?' he asked. Vinson opened
his eyes, 'Hanged if I know,' he said drolly."

* By Thos. Henry Dudenev. William Heine-
mann, London.

"But in Christmas's lonely, unwanted life, he
figured in her simplicity as 'her young man who
was drowned at sea.'"

It was shortly after this that her mother took
an eternal rest, from her "jealous tiredness," and
Christmas was left with her baby sister, Lydia, her
drunken brother Andrew, and foolish Caleb.
Christmas hated the lonely old-fashioned farm
house, and yearned for a new cottage like that of
her sister Betty, where she could have linoleum on
the kitchen floor.

The climax of her loneliness was reached when
pretty Lyndle grew up, and went as assistant to a
shop in Brighton and was promptly married by a
successful "buyer."

She looked across at those new houses now and
she certainly longed to live in one. "You would
be convenient there and clean. If my young
man hadn't got drowned," she said with a red
patch rising in the hollow of her cheek, "we'd
have settled somewheres."

"They were all working in their kitchens as
she worked in hers. But they were not alone;
they had a pack of children round their heels and
getting under their feet. She was free of that.
She scowled and looked strange, different
emotions were fighting and her face became a
battlefield. They were all of them working in
their kitchens all over the land. Every woman
worked until she dropped and then she died.
Christmas thought of her mother."

She was frankly glad when Andrew her brother
stuck himself instead of the pig—even though he
was converted.

Caleb tells her how it happened:—
"He hadn't drunk a drop since the mission
come. He puts a knife in to stick the pig and it
slips. The Grace of God couldn't make that
chap's hand steady not after years at the Pad.
He didn't say nowt but, 'Scé, Caleb, how my
blood do run.' 'Lord,' he says, staring down,
'my blood do run.' Then he falls white as
death. And it be death."

After Andrew's death she turned Caleb adrift—
a sort of mistrust of every man possessed her.
"I'll put your things together and set your box
outside. You don't step over the threshold no
more. I'll be my own missus, and what I tells for
I'll own."

On Christmas's notable excursion to London she
gets into conversation with the woman who kept
the waiting room. She says, "I spent three days
in Sussex, I enjoyed myself, but I was jolly glad
it wasn't three weeks. Sometimes I sit here wet
days in this comfortable room with a big fire, and
I think of them down in Storrington. I pity
them from the bottom of my heart."
Everyone
to his taste.

We do not know how our readers will agree
with Christmas, when, at the conclusion of the
book she finds again "her young man that was
drowned."

"It's you, I wants," she sobbed,
"I wants you. There's nothing else for women."

H. H.
COMING EVENTS.
January 1st.—New Year’s Day.
January 14th.—Lecture by Mr. Allen S. Walker (Hon. Secretary, British Archæological Association) on “Glimpses at the War Area in Europe,” Sion College, Victoria Embankment, 3 p.m. Tickets from the Hon. Secretary, University of London Extension, at the College. 2s. 6d. and 1s. Profits for Daily Telegraph Belgian Shilling Fund.

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.

UNTRAINED NURSES FOR THE TROOPS.
To the Editor of The British Journal of Nursing.

Madam.—In reference to Lord Knutsford’s letter to the Times on the 11th inst., there are two or three points to which I should like to draw attention.

1. Lord Knutsford states that “in most voluntary hospitals there are more untrained probationers than trained nurses.” This, without further explanation is very misleading, for the facts are these—all nurses in the voluntary civil hospitals are called probationers until their course of training is completed. This, in most first-class training schools, takes three years (although Lord Knutsford’s own hospital processes to train its nurses in two years), and, therefore the vast majority of the probationers nursing in these hospitals at any given time have already received from one to three years’ training. Only the comparatively few new probationers can in any way be compared to the practically untrained Red Cross “nurses,” and the duties of the new probationers are limited to quite simple matters and these under the direct supervision of trained nurses. From this it will be seen that the statement quoted above is contrary to fact.

2. No one would wish to deny the usefulness of the Voluntary helpers and Red Cross “nurses,” if their work were confined strictly to that which would be given to the new probationers in the voluntary hospitals, but what we complain of is the very undue proportion of these helpers in some of the hospitals where our wounded soldiers are now nursed, resulting in responsible work being given them which should only be given to fully-trained nurses, and that responsible work being done too often without adequate trained supervision.

3. If it were impossible to obtain fully-trained nurses in these hospitals, we should be obliged to make the best of the untrained, voluntary helper, but there is, at present, a much larger supply of fully-trained nurses available than has been utilized by those responsible for the Red Cross and private hospitals, and we feel strongly that the very best nursing ought to be obtained for the men of our fighting forces.

Yours faithfully,

F. G. STABB,
Member of the National Council of Trained Nurses of Great Britain and Ireland.

A FINE EXAMPLE.
To the Editor of The British Journal of Nursing.

Dear Madam,—Can you tell us how long the military nursing craze is likely to last? I am a patriotic old thing, but surely we have our usual complement of sick and suffering people with us who need our interest and care. But in these days we hear but little of them. I think the younger nurses who are staying quietly at home doing their daily duty in a bright and kindly way are setting a very fine example and deserve a word of encouragement and praise. They have my hearty admiration.

Yours truly,

A Lady Guardian.

[We quite agree with “a patriotic old thing.”—Ed.]

Our demand that our wounded soldiers shall be nursed by trained and skilled women, when sick and wounded, has aroused a lively interest in this question, both for and against. During the past week we have received several anonymous extremely amusing communications, and not desiring to enjoy alone the whole fun of the fair, we propose next week to share some of these irate effusions with our readers.

REPLIES TO CORRESPONDENTS.

L. B., Carrickshocken, Thurles.—We advise you to write to the Matrons of the principal county hospitals and poor law infirmaries inquiring whether they have vacancies. Send a stamped envelope.

OUR PRIZE COMPETITION.

QUESTIONS.

January 21st.—Mention some of the ways in which counter-irritation may be applied, and the methods of application.

January 25th.—State how to make and the uses of Pastes and Plasters.

January 26th.—For what conditions is tracheotomy done, and what instruments are required for the operation? Describe the after care of the patient.

January 29th.—Discuss the management of a patient whose tongue has been excised?

January 30th.—Mention the most delectable drinks for invalids, and how to make them.

NOTICE.

We hope that all subscribers to The British Journal of Nursing will make a point of sending their subscriptions to the Manager, 431, Oxford Street, London, W., early in the New Year; and that they will, if possible, secure, and send with them, other subscriptions, and so support the only weekly professional nursing journal in this country, as apart from those run as commercial speculations by laymen and untrained aliens.
MIDWIFERY IN 1914.

The Central Midwives Board.

The minimum term of training enforced by the Central Midwives Board still remains the same, and any woman after three months' training can enter for the examination of the Central Midwives Board, and, if she passes the examiners, thereafter take responsible charge of maternity cases. This term of practical experience, much of which is necessarily devoted to theoretical study, cannot be considered adequate, and we have been glad to observe that the Board has recently shown a disposition for its extension. Those who have the practical training of the pupils would, we believe, welcome this extension, as the present inadequate term necessitates much undesirable cramming.

We have also observed, with pleasure, that the Board has at length realized that midwives who teach pupils their work are teachers of practical midwifery, and now describes them as such, instead of recognizing them for the purpose of signing Forms III and IV (schedules which a candidate for the examination of the Board must present). This Journal has for years claimed that those upon whom the work of teaching falls should be recognized as teachers, and we are glad that the seed has at last fallen on good ground.

The necessity for a Central Authority to maintain standards and discipline amongst midwives is illustrated by the fact that from time to time attempts are made by Associations concerned in supplying midwives to induce the Board to lower their standard, and also by the large number of cases which come up for investigation and judgment at the Penal Meetings of the Board.

The Board takes seriously its responsibilities in regard to the suppression of ophthalmia neonatorum, and we recently noted with satisfaction that when the action of a Health Visitor—who advised a mother to bathe a child's eyes, showing indications of this disease, with boracic lotion, and in the event of their not improving to send for a doctor—was brought to its notice, the Board reported this unwarrantable assumption of the responsibilities of the medical profession in treating disease, and communicated with the authority employing the health visitor. Irreparable injury may be done, and a child become blind for life, if it does not at once receive skilled treatment when suffering from this acute and infectious disease.

ANTE- AND POST-NATAL CARE.

The necessity for caring for the mothers of the race both before and after their children are born is becoming increasingly recognized, and the grant made by the Exchequer to the Local Government Board for maternity and child welfare centres should help to ease the burden of maternity amongst the very poor.

Registration of Lying-in Homes.

The London County Council proposal, in its General Powers Bill, for the Registration of Lying-in Homes in the County of London, has not yet become law, but, under proper conditions, it is evident that some central control is desirable.

Midwives (Scotland) Bill.

A Midwives Bill for Scotland, presented by Lord Balfour of Burleigh, was passed by the House of Lords, and one substantially the same, introduced in the House of Commons, passed its second reading, but failed to become law. There is little doubt, however, that this useful measure, which in some directions is an improvement on the English Act, will before long be placed on the Statute Book.

QUEEN CHARLOTTE’S HOSPITAL.

At Queen Charlotte's Hospital, Marylebone Road, London, N.W., over 1,800 poor women are received into the wards every year, and over 2,000 others are attended and nursed in their own homes. On the outbreak of war, arrangements were made for admission to the wards or attendance at their own homes of the wives of sailors and soldiers, and of Belgian and other refugees, without the usual letter of recommendation and free of cost. About 200 of these cases have been registered for admission, and a similar number for attendance at home by the Hospital midwives. The Committee are experiencing the greatest difficulty in obtaining the necessary funds for maintenance, and they make an earnest appeal for generous contributions to enable them to continue the free admission of the wives of soldiers and sailors. Subscriptions and donations will be gratefully received by the Secretary, Mr. Arthur Watts, at the Hospital, Marylebone Road, N.W.
THE CENTRAL MIDWIVES BOARD.

EXAMINATION PAPER.

The following is the paper set to candidates for the Central Midwives' Board Examination on December 16th:

1. What are the anatomical relations of the female bladder? What causes in the puerperium might lead to:
   a) retention of urine?
   b) incontinence of urine?

2. What are the common reasons why a child is born dead?

3. What are the causes of rupture of the perineum, and how would you try to prevent it?

4. How would you deal with hemorrhage that occurs after birth of the child, the placenta being still in the uterus?

5. A bottle fed baby, nine days old, is not gaining weight. State exactly how you would try to find out the causes of this condition.


MONTHLY MEETING.

The monthly meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, on Thursday, December 17th, Sir Francis Champneys presiding.

REPORT OF STANDING COMMITTEE.

On the report of the Standing Committee, in connection with further correspondence with the Committee of St. Monica's Maternity Home, Bradford, it was agreed that the application of Midwife Marion Taylor for approval to train pupils should be granted until December 31st, 1915, and that the question be then reconsidered in the light of the number of patients actually attended, and the number of pupils actually trained.

In connection with a letter from a candidate for examination who had tendered certificates of baptism and marriage which had been tampered with, it was decided (a) that she be not admitted to the next Examination but that she be at liberty to ask for the reconsideration of her case in December, 1915, on producing evidence satisfactory to the Board that she admits the dishonesty of her conduct and promises to deal honestly in future; (b) that the Queen Victoria Jubilee Institute at Cardiff be informed of the facts, and be asked why it had forwarded a certificate which had been tampered with in view of the Board's circular of September 30th, 1914.

A letter was received from the Secretary of the Association for Promoting the Training and Supply of Midwives transmitting, for the information of the Board, returns obtained from Local Supervising Authorities as to the difficulty experienced in obtaining the services of a registered medical practitioner when summoned in emergencies on the advice of a midwife.

It was agreed to inform the Association that the Board sympathizes with it, and has repeatedly urged the necessity of securing the payment of medical practitioners when summoned to cases in charge of midwives, and that the Board will use its endeavours at the proper time to get such a clause passed. It further suggested that the Association should use its influence to get an Amending Bill passed as soon as possible.

APPLICATIONS.

From Certified Midwives.—Applications of seven midwives for the removal of their names from the Roll for various reasons were granted.

From a Registered Medical Practitioner.—The application of Dr. William Ashley Graves Cliffe for approval to undertake the practical training of pupil midwives was granted for the present.

From Certified Midwives.—The applications of Midwife Janet Leece, 108, Halliwell Road, Bolton, and Midwife Amelia Peplow, District Nursing Association, Halloway Place, Hastings, for approval to undertake the practical training of pupil midwives were granted.

BOARD MEETINGS FOR 1915.

The dates of the ordinary Board Meetings for 1915 were fixed as follows:—January 21st, February 18th, March 11th, April 15th, May 27th, June 17th, July 22nd, October 7th, November 18th and December 16th.

The date of the next Penal Board was fixed for January 20th, 11.30 a.m.

THE LONDON COUNTY COUNCIL.

The Midwives' Act Committee of the London County Council have recommended that Mr. A. L. Léon be appointed their Deputy-Chairman, and that the powers and duties of the Chairman and Vice-Chairman be also exercisable by the Deputy-Chairman.

LAST WORDS FOR 1914.

"Take joy home
And make a place in thy great heart for her,
And give her time to grow and cherish her,
Then will she come and oft will sing to thee
When thou art working in the furrows,
Ay, or weeding in the sacred hour of dawn.
It is a comely fashion to be glad,
Joy is the grace we say to God."—Jean Ingelow.

"For no one doth know what he can bestow,
What light, strength and beauty may alter him go:
Thus onward we move, and, save God alone,
None guesseth how wondrous the journey may prove."

"Dost thou remember as the Old Year goeth,
The many mercies that it brought to thee,
Some that God only, and thine own heart
knoweth,
And some that other hearts and eyes can see?" —M. Gorges.
The British journal of nursing