

draw the two ends of the binder together ; keep your left hand flat over the pads and *under* the loose end of the binder ; draw the rolled end of the binder with a firm grasp over to the right side of the abdomen, and holding the two ends together with the thumb and forefinger of your left hand, you fasten it with the third pin with your right hand, as before described. You go on with your pinning until you almost come to the top of the pads, and then pause to fix the upper and last pad over the fundus.

Some Nurses make it the same shape as the side pads, only place it crosswise—a good plan ; but there is another that I more generally adopt, in which I alter the shape of the fundal pad. Folding a napkin into a square of eight folds, I again fold the square crosswise, and placing the long side of the compress over the fundus and the pointed end downwards, I draw the binder all over the pads, with a firm steady pull, and about two more pinnings complete our task. The binder should reach four inches above the umbilicus, and on no account embrace the thorax ; it should clear the ensiform cartilage by four or five inches, which is a fair routine rule.

Having completed our task within a very little, this should be the appearance of things: The binder on both sides should be perfectly smooth, without a crease, and pinned so firmly over all the pads as to be a real support and comfort to our patient, without in the least distressing her. We now only have to deal with the loose end of the binder. We fold it over the abdomen longwise, carrying it well over the points of the pins, which it completely protects ; we fasten the upper end of the fold to the upper sides of the binder with a good-sized safety pin, and now our somewhat long task is ended.

I fear I may have somewhat wearied my readers, but they must please to bear with me in consideration of the importance of the subject, and my desire to make it as plain to you as my powers permit.

(To be continued.)

BRITISH NURSES' ASSOCIATION.

THE following circular we are informed has been sent to the Chairman of the Committee of Management of Hospitals throughout the United Kingdom having Nurse Training Schools attached :—

“Sir,—Fifteen years ago Dr. (now Sir Henry) Acland, President of the General Medical Council of the United Kingdom, suggested the advisability of the Registration of Trained Nurses and Midwives. Since then Nursing has become univer-

sally recognised as a skilled calling ; the training to which Nurses are subjected in Hospitals and the general usefulness of these workers have alike materially advanced ; but to a large extent both these improvements are still nullified, so far as the public is concerned, because any woman—however ignorant of Nursing or Midwifery she may be—can without let or hindrance term herself a Trained Nurse or Midwife, can obtain employment in private houses in either capacity, and by her ignorance bring about great danger to the sick, and discredit to the calling. At present there is no possible means of preventing this evil, nor even of controlling Midwives or Nurses who, once Certificated, become unworthy of trust. For instances are, unfortunately, well known where such women, by drunkenness, theft, or even graver faults, have brought repeated disgrace not only upon themselves, but also upon the Hospital whose testimonial they are able on each occasion to produce. It would therefore seem to be most manifestly for the good name of Nurse Training Schools, as well as for the benefit of Nurses themselves, and for the safety of the public, that some system should be enforced which would (1) furnish an official and easily-ascertained guarantee of the technical efficiency of every Trained Nurse or Midwife ; (2) prevent any Certificated Nurse or Midwife who has been proved unworthy of trust from again disgracing her Training School and her calling.

“For two years past this Association has been carefully considering the subject, and now suggests that a system of Registration of Certificated Nurses and Midwives should be so carried out as to meet both these essential requirements. It is, doubtless, unnecessary to remind you that this system has for many years been enforced by law for the Medical and other professions, and that the control of Medical Registration is confided to the General Medical Council, which is composed of representatives of every University and Medical Corporation. This Association, then, suggests that for a certain limited “period of grace” every woman who can produce proofs of having been actually engaged for three years in tending the sick or women in labour, and of satisfactory moral and professional character, should, as a matter of justice and ‘prescriptive right,’ be enrolled on the Register ; but that thereafter only those who can bring satisfactory evidence that they have been efficiently trained should be Registered. And, furthermore, that the authority conducting the Registration should have power to remove temporarily, or permanently, from the Register the name of any Registered Nurse or Midwife who proves herself unworthy of that title to public confidence. The Association suggests

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