

which the stock might be increased. If the guild has sufficient vitality, as time goes on, we might purchase a Nursing-station equipment, which costs in England about £10. I cannot, perhaps, do better than read to you some information which has been very kindly supplied to me by Miss Murray, the honorary secretary of the Richmond (Surrey) Nursing Guild. As an adjunct, and a useful one, I think I would suggest that the members meet, say, once a month for practice. Some medical man might be asked to give a short lecture on some useful case, and by question and answer amongst the associates themselves, the knowledge gained during the Nursing lectures would be continually refreshed. Besides, the practice in changing sheets, etc., and bandaging would be exceedingly useful. So much for the general idea. Now for the practical working of it. I propose a committee consisting of a lady president, vice-presidents, honorary treasurer, and honorary general secretary. It would be useful to have only one central store. The first question that would arise would be which is the most central village, and when that was decided there would be sure to be some jealousy because that very suburb had been selected. My suggestion, therefore, is that in each village there be an honorary local secretary, who would have the names of all ladies living in the village belonging to the guild. Naturally all the doctors would be made aware of the fact that such a guild had been inaugurated. The medical man having a suitable case would say to the patient: Send to Miss So-and-So (naming the local secretary), and she will arrange with some lady, who will come down and see to your wants daily, or twice daily, as the case may be. The printed forms, containing an account of the number of visits paid by the associate, would, after the completion of the case, be sent to the honorary local secretary, who would then in turn forward it to the general secretary, who would keep the register of all the cases attended to by the guild. It will, of course, be understood that the guild could not undertake anything of the nature of infectious diseases; in fact it will be as well to make that a *sine qua non* from the start. A very small subscription or donation would only be requisite to start the guild on a practical working basis. I may mention that several members of the medical profession, to whom I have explained my idea, have promised to give the guild, if established, their hearty support. To avoid any misunderstanding, I had better say that a Nursing guild for the sick poor does not necessarily mean "a nursing guild for sick niggers solely." There are many poor Europeans who would be thankful for assistance, and again, not only poor people, but even those who cannot be classed under this category, would doubtless appreciate the assistance of some "ministering angel" in time of sickness. I commend the idea to your kind and careful consideration, and trust that many of you will feel with me that we can all do something—each one his or her own little quantum—towards relieving suffering, by practically carrying out the motto of the Order and working heart and hand *Pro Utilitate Hominum*.

After discussion, it was agreed to form a guild upon the lines laid down in the address, and to fix the subscription at 2s. 6d. per annum. The Central Committee was then elected provisionally as follows:—Patron, Lady Loch; president, Lady De Villiers; vice-presidents, Mrs. Ogilvie, Mrs. Burrowes, and Mrs. Overbeck; hon. treasurer, Mrs. J. X. Merriman; hon. general secretary, Mrs. Malcolm Searle.

S. G.

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The Dutch Nurses' Association.

THE following important circular has just been sent to us, and we have much pleasure in bringing a translation of it to the notice of English Nurses:—

"Amsterdam, May, 1893.

The necessity for co-operation and harmony in matters relating to the treatment of the sick, has long been apparent, and was fully recognized at the meeting in October, 1892, held by those interested in the movement. The great and general interest displayed, and the numerous important questions discussed at this meeting, went a long way to prove that this co-operation was as feasible as it was essential. To further these views, a few of those interested assembled, and it was resolved to establish "The Dutch Association for Treatment of the Sick." The rules of this Association were formulated, and a provisional management elected, who offered these rules for approbation to Her Majesty the Queen Regent, which resulted in their being approved of by Royal resolution of the 10th April, 1893.

The provisional management has now great pleasure in handing you a copy of the rules, and in inviting you to join the Association as a member or donor.

The objects and aims of the Association have been presented in such a manner in the rules as to need no further illustration. The provisional management think it necessary, however, to define more clearly those rules relating to the *members* of the Association.

Herewith is laid down the difference between *members* and *donors*; both may attend the general meetings and take part in the discussions, but only *members* are allowed to *vote*.

It is for this reason that the provisional management considered it their duty to explain explicitly to whom, as a member, should be ascribed the privilege to vote on important questions under discussion concerning the treatment of the sick and of persons having the care of them.

As such, in the first place, are counted the doctors and principals of sick treatment; secondly, the members of the managements of Hospitals and Infirmaries, and last, but not least, the male and female Nurses themselves. Here, however, a difficulty presented itself.

It has occurred frequently of late that many, either entirely without, or with insufficient preparation, have given themselves certificates of ability as

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