

now never higher than 99 deg., but the pulse, which had always been a worry to us, was still 126. The heart was quite sound, also the lungs. Respiration 30.

Seventh Week.—The patient was gradually allowed up; and when she began to walk the pulse fell to 88 deg., respiration 20, temperature 99 deg. No abdominal discomfort was felt in spite of the adherent intestine, and at the end of eight weeks the patient left the home for the country perfectly well, with a warning from the doctor that if she got any pain and sickness at any time she must send for a doctor at once; and a letter lies before me now saying that after three months at the sea and in the country, the patient is feeling quite herself and has continued to get fat and strong, and except for a little indigestion occasionally, she has had no other discomfort. I am sure her recovery was greatly due to the skill of her medical attendant and to her plucky, cheerful, patient nature and absolute trust and confidence in her doctor and nurses.

I have had so much to say about the mother that words must be few about the baby.

He weighed 4½ lb. at birth; there was no milk. If there had been, the doctor would have liked him breast-fed. He was fed with one part of milk and three of barley-water and a little sugar. He was weakly from birth, and had a very feeble cry. He did not seem to get on, only gaining ½ to 1 oz. each week. The doctor was very anxious he should have a wet nurse, but every lying-in hospital and infirmary in London was tried and not one could be got. At the end of five weeks, a strong healthy young woman, with her first baby aged two weeks, was secured, and our little tiny baby began to put on 4 to 8 oz. each week, and is now a healthy bonny little fellow, the joy and pride of his mother, who can never have another.

The Midwife and the General Practitioner.

The adjustment of the relations between the midwife and the general practitioner is a more complicated proceeding than at first sight appears. Writing in the *British Medical Journal* on a few phases of the Midwives' Act, Dr. J. R. Kaye, Medical Officer to the West Riding County Council, discusses the question of the recovery of fees if a doctor is summoned by the desire of a midwife and in accordance with her instructions under the Act.

It is suggested that the State shall become responsible for the payment, but, in this event, Dr. Kaye points out the result would be equivalent to a State subsidy on the practice of midwives. In such circumstances every parturient woman would be encouraged to engage a midwife instead of a doctor, resting secure in the knowledge that the midwife must, on the slightest irregularity, call in the doctor, whose fee would be provided by the State.

Report of the Select Committee on Registration of Nurses.

In considering the Report of the Select Committee on Registration it is well to enumerate briefly the principal points which nurses have embodied in the Bill promoted by the Society for the State Registration of Trained Nurses, and then to see how far these points have been approved and endorsed by the Select Committee. It will be found that all the demands of trained nurses, with the exception of a central examination, have been conceded.

We print, therefore, clauses from the Bill, and under each clause, in italics, extracts from the Report bearing on the preceding clause, adding where necessary our own remarks:—

NEED OF DISTINCTION BETWEEN QUALIFIED AND UNQUALIFIED.

1. "It is expedient that persons requiring nursing assistance should be enabled to distinguish qualified from unqualified nurses."

It is desirable that a Register of Nurses should be kept by a Central Body appointed by the State.

APPOINTMENT OF A GENERAL NURSING COUNCIL.

2. "For the purposes of this Act a Council shall be and is hereby incorporated by the name of the General Council of Nursing Education and Registration of the United Kingdom."

They (the Committee) recommend that this Central Body should be set up by Act of Parliament, and that its Constitution should be defined in the Act.

CONSTITUTION OF COUNCIL.

3. The Council shall consist of thirty-one persons. These were appointed as follows:—

Appointed by the Privy Council. One medical practitioner and one nurse.

Appointed by the General Medical Council. Five medical practitioners who are lecturers or teachers of nurses in Nurse Training-Schools attached to general hospitals. Three to represent English Schools, one Scottish, and one Irish.

Appointed by British Medical Association. One general practitioner.

Appointed by Matrons of Metropolitan Hospitals. Two Matrons of General Hospitals in London, with medical schools attached.

Appointed by Provincial and Welsh Matrons. Two Matrons of County Hospitals.

Appointed by Scotch Matrons. One Matron of a Scotch General Hospital.

Appointed by Irish Matrons. One Matron of an Irish General Hospital.

Appointed by Poor-Law Matrons. One Metropolitan and one Provincial Poor-Law Infirmary Matron.

Elected by the Registered Nurses in England and Wales. Six nurses.

Elected by Registered Nurses in Scotland. Two nurses.

Elected by Registered Nurses in Ireland. Two nurses.

Appointed alternately by the First Lord of the Admiralty and the Secretary of State for War. One nurse.

Appointed by the Matrons' Council, the Queen Victoria's Jubilee Institute, and the Royal British Nurses' Association. One nurse each.

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