

given to our common humanity to compare with that of the asylum worker. It was unknown and too much unappreciated. If one wanted to know the depths of human love one must go into an asylum to find it. The men and women working there could not be paid at any price.

He pleaded most eloquently and touchingly for an eight hours day.

Two gold and two silver medals for periods varying from 45½ years to 29½ years continuous service in asylums were then presented, the recipients being Mr. P. Bolton, Nurse E. Cooke, Mr. G. Collins, and Miss H. J. Robinson.

At the conclusion of the meeting the members adjourned for tea, kindly provided by Mrs. Shuttleworth, the wife of the indefatigable Hon. Secretary.

The Nurses' Conversazione.

The arrangements for the Nurses' Conversazione are now well forward, and most of the affiliating societies have nominated the hostesses who will represent them. Miss Isla Stewart will be hostess for the Matrons' Council, Mrs. Bedford Fenwick for the Society for the State Registration of Nurses, Mrs. Shuter for the League of St. Bartholomew's Hospital, Miss Brewerton (Matron of the Zanzibar Hospital) for the League of St. John's House Nurses, Miss Barton for the Chelsea Infirmary Nurses' League, Miss Mollett for the Royal South Hants Nurses' League, and Miss J. A. Smith for the Kingston Infirmary Nurses' League.

Miss E. S. Haldane (Chairman of the Scottish Registration Committee) will kindly act as hostess for Scotland, and Lady Hermione Blackwood (the President) for the Ulster Branch of the Irish Nurses' Association for Ireland.

As nurses are often unable to know until the last minute whether they will be free, tickets will be obtainable at the door, 6a, Suffolk Street, Pall Mall, but all who can are asked to obtain their tickets in good time.

Progress of State Registration.

At a meeting of the Marylebone Division of the British Medical Association, the Division approved in general of the method of Registration of nurses, proposed by the Select Committee of the House of Commons, and of the separate Registration of Midwifery nurses.

Shortly after the Whitsuntide Recess, the Bill for the Registration of Trained Nurses will be introduced into the House of Commons by Mr. Munro Ferguson, M.P.

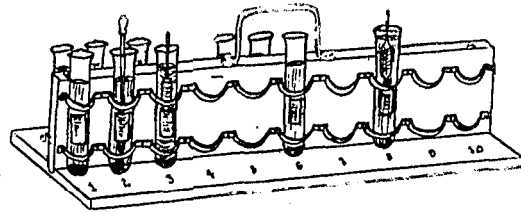
After that we must all bend our energies to getting signatures to the Petition to the Prime Minister, which will be drawn up at an early meeting of the Executive Committee, after which we hope it will be very widely circulated and supported.

Practical Points.

A Simple Hospital Urine Tray.

Dr. Walter M. Brickner, the Chief of the Surgical Department, Mount Sinai Hospital Dispensary, New York City, describes in the *National Hospital Record* a simple hospital urine tray, as follows:—

The observation that even in some of our large hospitals awkward methods still obtain for the transmission of specimens of urine to the clinical laboratory (as, for example, in flasks or even ordinary bottles, clumsily labelled) leads me to describe at this late date a simple urine tray which I devised nine years ago, when a junior interne at the Mount Sinai Hospital, New York, and which has been in use since then.



As the illustration shows, it consists of two pieces of hard, well-seasoned wood, one vertical, about five inches in height, securely fastened along its length to the middle of the other, a base board about six inches wide. On each side of the vertical board are fastened two rows of metal hoops (preferably of aluminium), each loop of size to easily accommodate a test-tube large enough to properly accommodate a urinometer. A metal handle is attached to the vertical board. Burned, stamped, or otherwise marked on the base board in front of each loop, or on the loops themselves, are numbers corresponding to the bed numbers in the ward to which the tray belongs. The

MT. SINAI HOSPITAL URINALYSIS LABORATORY	
Date.....
..... Ward..... Bed.....
NEW PATIENT Before Operation After Operation Catheterized	
Collected at..... M.
Quantity, in 24 hrs..... oz.
To be examined especially for	
.....	
.....	
.....	

number of loops and, therefore, the length of the tray vary with the size of each ward. Finally, each tray is labelled with the proper ward number or letter.

The number of the loop in which any tube rests indicates the patient from whom the specimen was obtained. As a further means of identification, and

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