

is only those that do nothing who make no mistakes. When a hospital has secured such a Matron, it is indeed fortunate, and her nurses will rise up and call her blessed.

Progress of State Registration.

DIRECT REPRESENTATION FOR MENTAL NURSES.

We quote the following paragraphs from the editorial remarks in the *Asylum News* :—

"We have received an important letter from one of our Vice-Presidents, Dr. Outterson Wood, on the subject of the Registration of Mental and Asylum Trained Nurses, which will doubtless have the respectful consideration of our Parliamentary Committee. From this communication it would appear that it is the intention of the Royal British Nurses' Association to promote in the next session of Parliament a Nurses' Registration Bill differing from that introduced this year by Mr. Claude Hay (Bill 157) in that one member of the Central Board (out of 16 members) is to be appointed by the Council of the Medico-Psychological Association, and that there is no mention of a representative mental nurse.

Without venturing to anticipate the judgment of our Parliamentary Committee, we would point out that no Bill is likely to secure the support of the Asylum Workers' Association which does not provide for the adequate representation on the Governing Body of Mental Nurses themselves. Their interests would no doubt be looked after by the nominee of the Medico-Psychological Association so far as a single voice amongst 16 could make itself heard. But surely the due proportionate representation of Mental Nurses admitted to the Register as compared with that of registered General Nurses should be taken into account in apportioning seats on the Central Council."

We are glad to see Dr. Shuttleworth support the principle of direct representation of mental nurses on their own Governing Body, and that the intolerant attitude, now quite discredited, of Dr. Outterson Wood and his medical colleagues on the Royal British Nurses' Association is not likely to commend itself to the Asylum Workers' Association. The Registration Bill drafted by the Society for the State Registration of Nurses, provides that a past or present Matron of a public asylum shall be appointed by the Asylum Workers' Association on to the Provisional Council to regulate the admission of persons in practice as trained nurses to the Register, and also that the nurses on the Mental Nurses Register shall elect a representative on to the General Nursing Council which it is proposed shall be duly elected (after an electorate is formed) by all nurses on the Register, to carry on this important national work.

Practical Points.

The Treatment of Tuberculous Laryngitis.

The Copenhagen correspondent of the *Lancet* writes that Dr. S. Bang, the medical director of the Tuberculosis Sanatorium of Silkeborg in Denmark, has constructed an apparatus for the treatment of tuberculous laryngitis by means of the electric light. Five or six years ago, when a member of the staff of the Finsen Light Institute, he made the preliminary experiments that have resulted in the simple and efficient apparatus which he has now been using for the last three years. As it is necessary to employ only "cold light," the source of light that has been selected is the arc lamp with iron electrodes, originally devised by Dr. Bang. The rays of this lamp are received by a rectangular quartz prism placed at the narrow end of a metal funnel, which the patient takes into his mouth and from the hypotenuse of this prism the rays are totally reflected into the larynx. As with a current of 10 to 12 ampères about two minutes suffice to produce a very strong typical light reaction on the interior of the larynx, the surgeon can manipulate the apparatus during the whole exposure and can make sure that the rays really reach the diseased parts of the larynx. Dr. Bang thinks that the method will prove useful only in those cases in which it is possible to direct the reflected rays at a right angle to the affected area.

A system of voluntary Compulsory Notification of Phthisis. notification of phthisis has just been introduced in Salford; says the *British Medical Journal*. Last week, practitioners received from the medical officer of health a letter saying that the Health Committee is prepared to pay a fee of half-a-crown for each case reported by private practitioners, and one shilling for each case reported from public institutions. In order to encourage the reporting of all cases, Salford has adopted an alternative form of notification (a) on a blue card which is supplied, when the Health Department will not interfere in any way with the patient; (b) on a pink card, when the officials of the department will visit the homes of the patients, and keep the cases under observation, to see that proper precautions are taken. "In no case," it is stated, "will this visiting be allowed to interfere with the patients' opportunities of earning a livelihood, so long as proper precautions are carried out," and the Health Committee expresses a hope that practitioners will only use the blue card in cases where they are satisfied that proper precautions will be carried out. For some years past, the medical profession have been advocating the institution of some system of notification for tubercular cases, and it is, therefore, so far satisfactory that a commencement has been made in so important a district as Salford. It is an old saying that what Lancashire thinks to-day England will think to-morrow, so sanitary reformers may take heart at this movement in the North.

[previous page](#)

[next page](#)