

trained under conditions approved by the Council." This is a disingenuous method of registering nurses trained in special hospitals, and by other institutions, and of depreciating the benefit conferred upon registered women nurses by a one-portal system, and of opening the door to specialists, and providing the hospitals and training associations with cheap labour. Hands off nursing standards.

Nurses should, therefore, invite support for the Central Committee's Bill, because:—

1.—It provides for three years' hospital training, and a one portal system for all nurses as a condition of admission to the General Register of Women Nurses, after the expiration of a period of grace.

2.—It provides for the establishment of a General Nursing Council under which all nurses will have equal rights, no unfair preference will be given to those associated with any particular body or society.

3.—The organized societies of nurses will be represented on the First General Council which will frame the rules to which the registered nurses will have to conform.

### THE QUESTION OF NOTIFICATION.

The National Council for Combating Venereal Diseases decided at a recent meeting at Edinburgh that the time is not yet ripe for general notification of these diseases, and that no desirable end would be obtainable by such a policy at present. They consider, however, that some machinery should be provided by which those individuals who are under treatment for venereal disease, and are in an infective condition, should be induced to continue treatment until they are no longer infective. With this end in view, the Council have asked the Local Government Boards of both England and Scotland to consider the question, and have suggested that some modified form of notification for infective cases who will not continue treatment may be profitably initiated.

Permission has now been given to the Council to arrange addresses by accredited lecturers in munition and other national factories. It is hoped that this will shortly be extended to controlled firms.

We stand for notification and making it a criminal offence for one person to infect another with venereal disease. Nothing less can stamp it out.

### INCONTINENCE (OF URINE) AT NIGHT IN CHILDREN.

This complaint is very trying to a child and a cause of some anxiety to its parents; especially is this so if living in a cold climate, where the chances of a chill from the child being uncovered is fairly great. We cannot really call wetting of the bed a complaint or habit while the child is very young, but it is understood to become either one thing or the other after about the age of three years, and should be attended to. Of course, if only a habit, the child can be trained from quite young to get into clean ways. This ailment is generally found in children of a nervous temperament, though they may be quite normal by day. In some children incontinence may take place in the daytime, but this is not frequently the case. This requires much cleanliness and care.

Enuresis or incontinence is easier to cure in boys than girls; the reason is not known.

*Causes.*—There are various causes which help towards incontinence in the young, viz.: Round worms, phimosis in boys due to the regular irritation of the bladder, stone in the bladder, adenoids (which are supposed to cause a certain amount of asphyxia) may give rise to it, early spinal caries, mental deficiency (difficult to cure), polypus in the rectum, acute illness (incontinence may persist as a habit after recovery). As there are so many causes for nocturnal incontinence in children, it would be very hard on a child to punish it for what in the majority of cases it could not be responsible for. At first simple methods may be employed if just a habit is suspected. The quantity of fluid given before the child retires to bed ought to be limited. The child should be awakened at regular hours to empty the bladder, and if possible should be made to sleep on a hard mattress. Some recommend that a reel should be tied at the side, so that when the child moves the reel awakens it and so prevents it wetting its bed. Sometimes the foot of the bed is raised, and is supposed to prevent incontinence by lessening pelvic congestion. As very often wetting the bed is not a habit, a doctor's advice should be taken. He frequently prescribes such drugs as strychnine, belladonna, cantharides, ergot, &c. Out of all these drugs belladonna has proved to be the most serviceable. If the child is markedly nervous, bromides do much good. I have known a case where a very healthy child wet the bed almost regularly at night till about the age of fourteen, when all symptoms disappeared.

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