

"Realising that the nation as a whole has this problem to face makes it no easier for us in our hospital sphere.

"I am enclosing for your information a wages sheet of people serving on night duty. The last three, whose names I have deleted, are 'a classic' example of the impossibility of keeping an even keel.

"I have had this information compiled for the information of my committee. With best wishes."

#### Election of Fellows and Members.

Applications for membership were received and all were elected.

#### Financial Statement.

The Financial Statement was reported and adopted.

#### Next Meeting of the Council.

It was agreed that the next meeting of the Council be held on March 8th at 1.30 p.m. to be followed by a Lecture to be delivered by Mr. Bryant Peers, entitled: "My Six Wives, by King Henry," at 3 p.m.

The meeting then terminated.

#### B.J.N.: Afterthought of the Council.

The Council regret that a confused impression arose out of Miss Rowe's most excellent report of her visit to U.S.A. and Canada.

## National Union of Trained Nurses.

#### Annual Report.

THE ANNUAL MEETING was held on June 21st, 1955, at the Bristol Royal Infirmary. The Matron, Miss M. Cordiner, was in the chair.

A grant was given to one applicant only. Dividends and administrative costs continue to remain the same.

Any member in need is invited to apply to the Secretary (Mrs. R. G. Feneley), since money is available from the Mariabella Fry Bequest Fund to help supplement pensions.

Would members please notify the Secretary of any change of address.

Members are reminded that it is possible to obtain grants from the Evelyn M. Eden Fund and application must be made to the Hon. Secretary, Benevolent Fund Committee, College of Midwives, 57, Lower Belgrave Street, London, S.W.1.

#### Instructions for Applicants for Grants.

The persons at present eligible for grants from the Benevolent Funds are former members of the N.U.T.N. whose names were on the books at the time of dissolution as having paid their subscription in either 1921, 1922 and 1923, and whose total annual income from all sources (including lodging, etc.) does not exceed £200.

Application for grants must be made in February or March of each year, on the official form which is procurable from the Hon. Secretary of the administrative body (late Somerset and Bristol Board): Mrs. Feneley, Avon Lodge, 8, Parry's Lane, Bristol, 9.

They are only made for one year, and if a fresh grant is required a fresh form must be procured and filled in, in February or March of the year in which it is required.

Applicants for grants from the Evelyn M. Eden fund must write to the Hon. Secretary, Benevolent Fund Committee, College of Midwives, 57, Lower Belgrave Street, London, S.W.1.

## Notice to Our Readers.

OWING TO THE dispute in the Printing industry and the stoppage of work, we now publish the combined issues of February and March, and in due course the issue dated April will be produced.

## Visits to Children in Hospital.

IN THE HOPE that the daily visiting of children in hospitals will become the general practice, the Minister of Health, the Rt. Hon. Robert H. Turton, has written to hospitals asking them to re-examine any remaining restrictions.

"It may even be," he says, "that visits can be allowed more frequently than once a day."

The Minister has previously urged hospitals to review their arrangements and a comparison of the position in 1954 with 1952 shows that the number of hospitals which found it possible to allow daily visits had approximately trebled over the two years. Only ten per cent. of hospitals admitting children now restrict visiting to one day a week or less, including 28 hospitals (against 141 in 1952) which still prohibit all visits save in emergencies. This considerable change has made it clear that many hospitals have found it possible to overcome the difficulties which have traditionally been a bar to allowing frequent visits.

The advice of the Standing Medical Advisory Committee has been sought on a number of difficulties which were shown by a review in 1954 to provide the main obstacles to the universal acceptance of daily visiting. The Committee's views, which have been endorsed by the Central Health Services Council, have been used as a basis of advice which the Minister has now sent to hospitals.

#### Infectious Diseases Hospitals.

One of the main problems concerns infectious diseases hospitals, where an essential aim is the protection of the public. The Minister is advised that subject to certain safeguards frequent visiting can be allowed and, indeed, is already allowed in a number of such hospitals. Some of the safeguards which are suggested are the presence of sufficient nursing staff to ensure close supervision of the conduct of visiting parents; the wearing of protective clothing by visitors and the application to them of the routine measures for the prevention of the spread of infection; the limitation of visiting in general to parents and guardians. It is suggested that if visitors are to wear masks and gowns, they should, if possible, be put on in the child's sight.

The ultimate decision on the question of permitting visitors must depend on the individual circumstances in relation to each patient in infectious diseases hospitals and must remain with the medical officer of the hospital.

#### Operating Days no Bar.

A considerable number of hospitals which do not allow daily visiting give as the reason the undesirability of admitting visitors on days when there are operating sessions. The Minister is advised, however, that there is no general reason why all visiting on these days should be prohibited.

The visiting of children admitted for tonsil operations may not be necessary where the child's stay is for twenty-four hours or less. "It is however undesirable for a child to be separated from its parents if it is in hospital for three or four days." Visiting should therefore be permitted unless there are special dangers of infection.

Daily visiting in mental deficiency and other long stay hospitals is desirable "even though it may seem to cause some interference with the hospital's routine."

Daily visiting should be permitted even in remote hospitals so that parents can at least choose the most convenient days. The Minister points out that it would be helpful if arrangements could be made at these hospitals for the shelter and refreshment of visitors and also for accommodating other children whom the parents may have to bring with them.

Where children are in adult wards in hospital there is no good reason for prohibiting daily visiting even if this differs from the arrangements made for the visiting of adult patients.

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