

Miss BAKER, P.L.G., remarked that she was glad to hear Mrs. Fenwick suggest a system of co-operation between the general and special Hospitals in the training of Nurses; the Hospitals under the Metropolitan Asylums Board (infectious diseases) would be greatly benefited, if some such arrangement could be attained.

Mr. WALSHAM, upon being invited to speak, remarked that he always obeyed the Chair, but that he really attended the meetings of the Matrons' Council to hear rather than to speak. But he thought it could not be necessary for a Probationer to be taught sewing and cleaning in a preliminary course of Hospital instruction.

Dr. BEDFORD FENWICK said that it was a curious illustration of how history tended to repeat itself, that the argument which was now being raised against the registration of Nurses was precisely that which was urged against the registration of medical men, just forty years ago. It was then said that if doctors were registered and their education made more complete and expensive, they would demand such fees that the poor could have no medical aid. Now it is argued that if Nursing education is made more thorough and therefore more expensive, Nurses would not condescend to attend upon the poor. The first argument has been shown to be without foundation, and so he believed the similar prophecy with regard to Nurses would twenty years hence be derided as having been equally without foundation. He imagined that legislation for Nurses was much nearer than many people appeared to believe. He had, in August, carried a unanimous resolution at the meeting of the British Medical Association, that in the opinion of that representative and powerful medical body the time had arrived for legislation; the Incorporated Medical Practitioners' Association had strongly endorsed that resolution; and he was informed that the former body was now considering what steps should be taken in the matter. It was wise only to predict what one knew, and he therefore would only say that he knew that legal registration of Nurses was well within the field of practical politics, and he believed it would soon take practical shape.

Miss ISLA STEWART then rose to reply, and said that it would necessarily take time to dispose of all the problems and difficulties which would inevitably arise in settling so important a question as a suitable curriculum of Nursing education—but these were not insuperable and would no doubt be overcome in time. She assured those present that no penal clauses would ever be established by Parliament, and that if a Bill was drafted and brought in every allowance would be made for the Nurse who began her training before State Registration was enforced.

Mrs. OKELL then proposed the following resolution, which was seconded by Miss RIDLEY and carried: "That in the opinion of this meeting the time has now arrived for the institution of a definite and uniform system of education for Probationer Nurses."

Votes of thanks were then accorded to Miss Isla Stewart for her valuable paper, and to Mrs. Bedford Fenwick for presiding, after which the meeting adjourned for tea and coffee.

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Home Hospitals.

SOME IDEALS.—THE NURSING STAFF.

(Continued from page 349.)

THE patients' luncheon will be brought up from the kitchen by the housemaids immediately upon the return of the Nursing Staff from dinner, and here a few words on the importance of serving food to the sick. No one realises more than trained Nurses what a fickle thing is appetite—how in many instances, whether a patient *fancies* his food or no greatly depends upon his Nurse; therefore a distinct duty devolves upon the entire *ménage* concerning this very important matter of food. The Superintendent who intends to make a Home Hospital succeed must recognise the fact that it will be well nigh impossible unless she engages a *thoroughly good cook*, and by a good cook I mean a woman who understands the value of foods, their clean preparation, and the manner in which they should be served. A sick person does not require and should not be permitted to have "kick-shaws," tasty rechauffés, in which there is no nourishment, or anything of an indigestible nature. Again, avoid the half-trained inevitable "greasy" cook with a passion for Worcester Sauce, whose beef-tea (?) is usually composed of water, sauce, colouring and fat. The flavour of really good cooking is always clearly defined, be it in flesh, fowl or good red herring. Have every dish served up in an artistic manner, beginning of course with the service of china and silver, and attending with painstaking care to the appearance of the food, even from the shape of a sippet. We have seen a sick person demolish a whole round of dry toast, cut in thin fingers, with the morning lunch, when the piece presented *en masse* would have remained untouched. Great care should be taken in arranging hot meats on the hot-water plates that there is a sufficiency of gravy and accompanying dainties. Serve the wing of a chicken, with that must be given *firm* bread sauce, greaseless gravy, and two vegetables; to prevent this appearing "a lump of food," each ingredient must be clearly defined on the plate and the edge of the plate free from any crumb of food. After this has been arranged in the kitchen, hot plated covers must be instantly placed over the food, and the housemaid must exercise great care in carrying it upstairs, where she will find each tray arranged with speckless knives, forks, spoons, glass and cruet.

It now becomes the Nurse's duty to present the food to her patient, see that it is placed in a comfortable position, so that it may be eaten without exertion, and attend to such details as pouring out the water, milk, wine, &c. She will here observe with what appetite the food is taken, if liked or not, coax those who require a "little pressing," and insist upon the "feeding cases" *swallowing every scrap* ordered by the physician, herself feeding the patient if necessary. The importance of diet in this country has not yet assumed its rightful position as a therapeutic agent, but its value is becoming recognised more and more every day. We here repeat that under no circumstances should the serving of food to the patient be relegated to the domestic staff, a system in force in some Nursing Homes under untrained supervision, as it is impossible to give a truthful report to the physician unless the Nurse attends to the matter herself.

(To be continued.)

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