

recognised training school, in addition to two years' training in an asylum containing not less than 50 patients." This we consider a conscientious standard, and one well calculated to provide the public with "mental nurses," whilst at the same time maintaining the principle that all special branches of nursing should be based on a general educational basis—the only principle safe for the public, and ultimately for the benefit of the whole nursing profession.

WITH how deep a regret we find from this year's Report, that this wise provision in relation to mental nurses has been altered, can be imagined. Rule (b) now stands: "Nurses taking mental cases only, must have had two years' training in an approved asylum, followed by experience of private patients, and must hold the certificate of the Medico-Psychological Society." This is indeed a reactionary regulation, sweeping away, as it does, every necessity for practical experience in a general hospital for the sick, and treating mental disease simply from a special standpoint, in our opinion a very dangerous and unjustifiable measure for the Committee of the Nurses' Co-operation to have adopted, and one which, for the sake of the defenceless insane, we hope they will speedily reconsider.

IMAGINE the type of medical attendant which would be produced for the insane, by accepting this dangerous principle of specialism in medical education!! And we contend that such an anomalous standard in professional education is just as inefficient for the nurse as it is for the medical attendant, and if other nursing societies follow the regrettable example of the Nurses' Co-operation in guaranteeing specialists instead of thoroughly trained nurses, the public will have to find means to compel these societies to give evidence that the members of their staffs have been certified and registered by a State appointed Body. We are strongly of opinion that this new Rule adopted by the Nurses' Co-operation constitutes a decided breach of faith with the public, and is the very strongest argument which could be used in favour of the Compulsory Registration of Trained Nurses.

THERE are eight trained nurses on the Committee of the Nurses' Co-operation—let them insist upon fair play for the public, and the very highest standard of efficiency in those nurses who are admitted on to the staff—otherwise the public must see that justice is done in defence of the sick and insane. We must remember nurses are primarily for the use and benefit of the sick—and not the sick for the benefit and use of the nurses. When nurses fail to safeguard the best interests of their patients, then the patients have a just grievance, and must seek a remedy—and they will do it.

Army Convalescent Homes.

"A country which did not recognise the supreme and imperative duty of taking all possible care for the welfare of her Convalescent Soldiers would deserve to find none to defend her in her hour of need, and could expect from history no other verdict than that of 'the deep damnation' reserved for degeneracy and ingratitude."

So wrote Algernon Charles Swinburne in the "Morning Post," of June 10th, 1898, in enforcement of the lesson which our contemporary has for the last year been engaged in driving home. We therefore offer to it our cordial congratulations that, owing no doubt largely to its advocacy, the War Office has decided to establish Army Convalescent Homes throughout the country. In announcing this welcome intelligence the "Morning Post" says: "This constitutes the most satisfactory reform which has been made in the Army Medical Service for many years. Already some nine centres of varying climates—to suit the requirements of different diseases—have been selected, and the scheme is to be in full working order by "the early Summer." An experimental beginning has already been made at Scarborough, where an old Barrack has for some weeks past served as convalescent quarters for soldiers in need of the tonic of sea breezes. In addition to this East Coast Home, which may almost be said to be in working order, others will shortly be brought into existence at Sandown, Isle of Wight, at Shorncliffe, and at Yarmouth; while still further prospective convalescent centres will be at Pembroke Dock, Tynemouth, Fleetwood, Ayr, and Aberdeen. Doubtless the Irish soldier will have some health-giving places allotted to him on the coast of Wales or on that of his native Island, but so far the programme for the soldier of Erin has not shaped itself. It is hoped that inland and mountain residences will be added later to the range of convalescent resorts, inasmuch as the air of the sea coast is by no means suited for cases of malarial and gastric troubles which come from certain tropical climates.

The entire programme will be announced in the course of a few days. As far as possible existing buildings are to be utilised. Disused Barracks will be brought into requisition, and perhaps a certain portion or wing of occupied soldiers' quarters may be reserved for convalescent contingents from different stations. Special wings, designed for the convalescent, are spoken of at the War Office as being likely to be added in the near future to Barracks already existing. At present, however, no outlay on improvements, repairs, or reconstruction is meditated. The Convalescent Soldier is, under the proposed scheme, to be drafted to Barracks whose situation and climate appear most fitted to hasten his recovery. He is to be relieved of all Military

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