

The pain of corneal ulcers and abrasions is very easily reduced by cocain—deeper pain from iritis or cyclitis is not much affected by its use.

For corneal abrasions a very useful application, and one that should always be kept in the ward, is

Cocain	gr. xvj.
Olei Ricini	ʒj

Castor oil was commonly used to alleviate the pain of these injuries before the discovery of cocain. It forms a smooth lubricating agent to prevent friction between the lid and the cornea.

(To be continued.)

Scottish Women and State Registration of Nurses.

We learn with great pleasure that the Council of the Scottish Women's Liberal Federation, at their Annual Meeting, on Saturday last, passed a unanimous Resolution advocating the State Registration of Nurses for the Sick. The Resolution was proposed by Miss E. S. Haldane, and spoken to by Dr. Elsie Inglis, and others. Lady Helen Munro-Ferguson, President, was in the chair.

It is good news that the question of Registration for trained nurses is being taken up by this Association. It is becoming increasingly plain that trained nurses will not obtain legal status without the help of the public; they are not sufficiently independent to fight out a contentious question, and the subject will have to be studied and understood by public women before we make much headway. The fact, therefore, that Scotch women are taking up the question is most encouraging, for earnestness of purpose is a national characteristic.

Another resolution of interest to nurses passed by the Federation, on the motion of Mrs. Furley-Smith, was to the effect that the time has now come for providing trained nursing in all Scottish poor-houses.

Appointments.

MATRONS.

Miss F. M. Smithies has been appointed Matron of the Monkwearmouth and Southwick Hospital, Sunderland. She was trained and certificated at the Infirmary, Bolton, where she subsequently held the position of Staff Nurse. Her other appointments have been, Nurse for three years at Fitzroy House Home Hospital, London, Charge Nurse at the Infirmary, Huddersfield, where she had charge of the Children's and Male Medical Wards, and the Operating Theatre, Sister in Male Surgical and Accident Wards at the Infirmary, Cardiff, Matron at the Cottage Hospital, Bridgend, Glamorgan, Assistant Matron at the Royal Infirmary, Hull, and Matron of the General Hospital, Altrincham.

The International Congress of Nurses.

SUMMARY OF FOURTH SESSION.

PRIVATE NURSING.

In England a woman enters a hospital "to nurse," in America she enters a hospital "to train." There is the difference in a nut-shell.

Few would-be probationers on "this side" trouble to make enquiries concerning the educational standard for nurses in force in the various hospitals, or in fact realise the importance of the "school" side of training. They have no definite object beyond *nursing the sick* (and a very fine object too), and whether a theoretical curriculum is in force, or the term "school" merely shibboleth, does not interest one woman in twenty, for if it did they would not crowd into hospitals for *training*, where no training is obtainable. Graduation and the term "graduate" signifies nothing to their understanding, and one Matron has told me "the term 'graduate' is not English—it is so American. I do not like it"!!! Consequently graduation—that is receiving a certificate of efficiency after an unknown quantity of training—is not a very impressive event in an English nurse's life. She often jogs on doing exactly the same work after she is certificated that she did before, or drifts into private or district work as the case may be.

Thus it will be seen that where here we "do private nursing," the American nurse aims at a private nursing practice, and it is these private practitioners who compose the strong interested lever by which nursing organisation can be raised, and through whom nursing legislation can be effected.

In England the whole matter of nursing reform and organisation is awaiting the professional awakening of nurses in high places (and persons in high places snooze very soundly in these realms), whereas in the States, the power is with the great body of graduate nurses—as it should be—for is not the honour of the profession in their hands? The American graduate nurse is a very self-respecting person, and she won't be sweated if she knows it. Thus one finds no reputable Training School and Hospital with a financially affiliated private nursing staff, although the nurses trained in a certain hospital will associate together in a Registry, and apparently gladly avail themselves of the kind offices of their late Superintendent to provide them with cases. Thus I have known a bright, kind little Matron get up twice from one meal to attend a telephone or personal call for a nurse—quite unattached to the institution—though on the list.

Now in the United States the probationer is

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