

for some time after its spawning season, is poor in quality, and not very palatable; it may be known by its flabby, transparent bluish appearance, which persists even after long boiling, and is very different to the firm, white and rather curdy condition observed when the same fish in season is served on the table. Fish which has not yet reached the spawning age is always in season. All fish soon decomposes; it must, therefore, be cooked as soon as possible after it is caught. Fresh fish may be known by the brightness of its eye, the firmness of its flesh, and the shining appearance of its skin.

A boiled or steamed sole is the best fish with which to test our patient's digestive powers for the first time; it should be served with a simple white sauce and a little thin bread and butter. (I may here caution you never to give potatoes unless you have received instructions to do so.) If soles cannot be obtained, you may substitute boiled whiting or plaice, as they also contain little or no fat.

After these we may rank the cod, haddock, and turbot in the order of digestibility. It is said that cod is rendered more easy of assimilation by the process known as "crimping."

The oily fish, such as salmon, herrings, mackerel and red mullet, are not suitable for invalids, and, on account of the fat which they contain, disagree with many persons even when in health. Sir Henry Thompson ("Food and Feeding") points out that "fat from fish is more apt to disagree with the stomach than fat from other sources," and that the back of a fish, such as salmon, is freer from fat than the underside of the fish.

Shell fish and scaleless fish, such as eels, are not to be given to invalids, neither must they be allowed sauces containing crab, lobster, shrimps, or highly-seasoned condiments.

A Real Pension Fund.

The Dublin Matrons are interesting themselves warmly in the Coronation National Fund for Nurses in Ireland, which is to provide real pensions for worthy nurses. The Executive Committee of the Fund have done wisely to induce Matrons and Nurses themselves to discuss and offer suggestions for the best and most acceptable method of working such a fund.

In furtherance of the movement, a meeting of Nurses of the several Dublin Hospitals and Institutions was held on Friday evening, 21st ult., at the Royal Hospital for Incurables, Donnybrook. The following Lady Superintendents of Hospitals were present:—Miss Hampson (in the chair), Miss MacDonnell (Secretary), Miss Webb, Miss Haughton, Miss Fullagar, Miss Kelly, and Miss Bradshaw. About 100 Nurses attended, who showed deep interest in the movement.

Member or Servant?

THE GLASGOW NURSES' CO-OPERATION.

No question so important to the nursing profession as a whole has come before the public, since the alteration in the By-laws of the Royal British Nurses' Association in December, 1897, as the controversy which is now taking place with regard to the Constitution of the Glasgow Nurses' Co-operation.

Last week we published an account of the Annual Meeting of this Society, and showed its flourishing financial condition. At the same time we sounded a note of warning to the nurses pointing out the necessity for their direct representation on the Committee of the Society under the new Constitution, at present under consideration.

A correspondence proceeding in the *Glasgow Herald* has since come to our notice, which proves that our remarks were opportune, and we propose this week to deal with the broad principles involved.

It will be remembered that the Glasgow Nurses' Co-operation was founded in 1894, on the 7½ per cent. system. Thus it is practically a business which belongs to the nurses. From the inquiries which we have made, on the correspondence which has taken place, we are of opinion that it is imperative for the nurses of the Glasgow Co-operation to combine and protect themselves from the threatened autocracy of the Executive Committee in their Society, otherwise it seems probable that their professional position and liberties will be wrenched from them; as in the case of the Royal British Nurses' Association on the initiative of the honorary officers.

The main points brought out in the correspondence referred to are as follows:—

Mr. John Stewart Bannatyne asserts—

1. The Executive Committee of the Co-operation—which is practically a self-elected body—prepared a new Constitution, which was not read to the annual meeting, which was asked to adopt it. Neither had the persons most concerned, the nurses, each received a copy of the proposed Constitution; they were expected to peruse it at the Secretary's office or at the Home, although many of them were nursing out of Glasgow.

2. The proposed Constitution materially prejudices the rights of the nurses, as, for instance, in a paragraph referring to the nurses as "members of servants of the Co-operation," whereas their present status is that of partners. As servants they can be dismissed at any time, without any reason, and without any character.

3. The nurses are practically without representation on the Executive, as it consists of eighteen persons, of whom only four are nurses, and these four are usually out at cases.

4. That the self-elected Executive under the proposed Constitution, which it sought to pass clandestinely, seeks to put the nurses, not only in

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