

Miss Sidney Browne (Matron-in-Chief Q.A.I.M.N.S.), Miss Cureton (late Addenbrooke's, Cambridge), Miss Deane (Ipswich), Miss Barton (Chelsea), Miss Isabel Jones (West Kent Hospital, Maidstone), Miss Wesley (St. George's-in-the-East), and the following Lady Consuls:—Miss M. E. Jones (General Hospital, Birmingham), Miss Wilson (Cardiff), Mrs. Hughes (Manchester), Miss Kelly (Dublin), Miss Parsons (Dudley), Miss Munro (Bedford), Miss Scott (Brighton), Miss Clarissa Hunter (Walthamstow), also Miss Elma Smith (Hendon), Miss Davis (St. John's House), and others. Miss Forrest was treated with very scant courtesy, and her resolution was never put to the meeting as it was superseded by an evidently pre-arranged amendment proposed by Miss Tawney, and no notice whatever was taken of the influential supporters whose names she mentioned.

Ultimately, after a good deal of plain speaking on the part of the self-respecting minority, the representation of the Nurses on the Board was arranged as follows:—

Matrons.—ONE for the whole of the Training-Schools and Poor Law Infirmaries in England and Wales, including the Metropolis, one for Scotland and one for Ireland, and one for Special Hospitals.

Nurses.—Three Direct Representatives instead of the proposed one for the 80,000 nurses in the three Kingdoms. Thus the Matrons and Nurses, if this is carried into effect, will be thoroughly in the minority on their own Governing Board.

One more valiant fight was made to have the addresses of the nurses included in the Register. Apparently the Chairman did not consider with Dr. Comyns Berkeley that all trained nurses are homeless nomads, and presumably the Hon. Officers having learned from their legal adviser that the omission of addresses would not be tolerated, Mrs. Fenwick's proposal that they should be included was carried.

The meeting then terminated, and Dr. Comyns Berkeley signalled his triumph at the illegal proceedings by clapping his hands and cutting capers on the platform—having once more helped to bring the Royal British Nurses' Association into the well-deserved contempt of every self-respecting nurse in every part of the world.

It is significant that large numbers of those present did not take part in the voting at all. On the only occasion when the votes were really counted the voting was 47—34. As the number of those present must have been considerably over 150 it is evident that many did not vote. They were presumably too bewildered by the hustling from the platform, and the extraordinary conduct of business.

Practical Points.

Patient's Trays. In connection with the serving of food to patients in Home Hospitals it should always be remembered that this duty is one which devolves not upon the domestic staff but upon the nurses. It is the nurse's duty to see that the patient is placed in a comfortable position, that the diet sent up is the diet which has been ordered, that it is appetisingly served, and that hot dishes are

really hot. It is also the duty of the nurse to observe and report whether the patient eats the food supplied to him. Whether he has an appetite for it or has to be coaxed to take it. In short, the question of proper feeding is one of the most important in connection with illness, and should always be kept under the immediate supervision of the nurse.

Aperients. aperients are often spoken of colloquially as "opening medicine," the speaker thus uncon-

sciously going back to the derivation of the word, which is from the Latin, *aperio*, I open. The term is applied to the milder kinds of purgatives. Aperients act in two ways. (1) They stimulate the vermicular motion of the intestines. As most nurses know, the intestinal movements are worm like, one part of the canal contracting after another, and thus forcing its contents onwards. It is obvious that any drug which stimulates the motion of the intestines must cause evacuation to take place more quickly than would ordinarily be the case.

(2) Many aperients, notably the saline ones, cause a large flow of fluid (serum) from the intestinal walls into the tract, thus lowering the blood pressure. A nurse will associate with this fact the routine treatment of giving an aperient, or more commonly a strong purgative, in cases of head injuries, when it is important that the blood pressure should be lowered in order to prevent possible rupture of a blood vessel, or to relieve the pressure when this has occurred. In dropsical cases also, means are taken to secure large watery evacuations and thus to relieve the sodden water-logged tissues.

Aperients should always be administered fasting because the emptier the canal the more readily the drug can act upon its walls and so produce the desired result.

They may be given, as is most common, to relieve the bowels when confined, or to get rid of irritating or toxic matter. An aperient (usually castor oil) is also given in connection with the administration of such drugs as filix mas (male fern), which is usually prescribed in cases of tape worm, and santonin, which is prescribed to expel round worms.

Male fern is usually given in the early morning on an empty stomach. In this case a full dose of castor oil is given on the previous night, and a small one three hours after the administration of the drug. When santonin is administered the aperient, castor oil or a saline purge, is given subsequently.

An excellent way of administering castor oil is to pour hot (nearly boiling) milk into a bottle, then add the oil (the proportion should be $\frac{2}{3}$ milk to $\frac{1}{3}$ oil), and shake the bottle till the two are well-blended, forming an emulsion. It is taken readily in this way when it would be rejected if administered in the ordinary form. A glass in which oil is administered should always be wetted with plain water, or with lemon-juice (in which oil may be administered), so as to prevent the oil from sticking to the glass. Some nurses when cleansing a glass which has been used for oil put a little linseed meal at the bottom. This absorbs any oil still remaining in it, and the glass can then readily be washed with hot water and soap.

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