

3. That a woman who had been for four years in one of the large London Training Schools should only be able to remember seeing one case of diphtheria, and that she should presume to pose as a "practitioner." Could anything prove more conclusively the disorganisation of nursing education, or the lack of standards, and the need for the establishment by the State of a Governing Body for the Nursing Profession.

Legal Matters.

The case in which William Henry Hutton, formerly a male attendant at the Wandsworth Infirmary, sued Dr. Neal, Medical Superintendent of the Institution, for damages for alleged libel, is of interest to nurses. The plaintiff's case was that he received a good testimonial when left the infirmary. When, however, he referred a gentleman, who contemplated employing him to Dr. Neal for a reference. Dr. Neal, told him that he knew nothing of the plaintiff, except as an accident pauper patient. The accident might have affected his mind, and it was for the enquirer to judge whether he was a desirable nurse for his son, who had had a nervous breakdown.

Dr. Neal's defence was that he had confused Hutton with another man. It was an unfortunate but honest mistake. When Mr. Fowler applied to him, and he mixed up the two men, he was hurrying off to an operation.

The jury found a verdict for the defendant, but awarded the plaintiff £5 damages in regard to the statement as to mental derangement, which, as Mr. Justice Bigham pointed out, was derogatory to a nurse. There can be no doubt that there was no intentional slander on Dr. Neal's part, but officials of institutions with which nurses have severed their connection should not be their only source of reference—they should be able to establish their identity and professional experience by reference to a State Register.

At the examination of the Central Midwives Board held in London and the Provinces on October 25th, the number of candidates presenting themselves for examination was 446. The successful candidates numbered 346, the per centage of failures thus being 22.4.

Missouri, U.S.A., where the State Association of Nurses has just issued its first report, is the twenty-fourth State in which the nurses have organized, and the eighth in which State registration is already in operation. This is a result to be proud of.

Report of the Vice-Regal Commission on Poor-Law Reform in Ireland.

The above Report, which is a most interesting summary of the Poor-Law question in Ireland, should be procured and studied by all interested in this question. In this brief review we are dealing more particularly with the portion of the Report relating to the sick.

PUBLIC HOSPITALS FOR THE POOR IN IRELAND.

In the first place, the Commissioners state that there are at present in Ireland two systems of public hospitals for the poor, apart from the general hospitals in cities, and a very few cottage hospitals in the country, supported by private grants and subscriptions. These may loosely be described as the "County" and the "Union" systems.

Under the County System there are 34 County Infirmaries managed, with four exceptions, by Joint Committees formed under the Local Government (Ireland) Act, 1898, comprised of specified numbers of members appointed by the County Councils and by the old corporation of "the Governors and Governesses." They are maintained partly by grants from the County Councils, partly by voluntary subscriptions, partly by the proceeds of property held by the Governors and Governesses, and partly by payments from patients.

Under the County System there are also fourteen Fever or Infectious Hospitals, practically the Fever Hospitals for the Unions in which they are situated. These Infirmaries and Fever Hospitals are the institutions that used to belong to the Grand Jury system that existed before the introduction of the Irish Poor Relief Act of 1838, and the amount of the County contributions towards their support is levied over the county at large in each case. Under the existing law a County Council is compelled to pay only a limited yearly amount to the County Infirmary. The Commissioners say: "If the entire system of hospital relief were being now framed for the first time an arrangement would hardly be made whereby these hospitals which aim at giving the most skilful surgical and medical assistance, with trained nursing, should be limited in their income, while under the Poor Law system, Guardians defray any expense that is thought necessary."

The Commissioners also say that they are very far from wishing to convey an impression that all the County Infirmaries are on the same high level. On the contrary, some are little, if at all better than the average Union Infirmary, but the general tendency in County Infirmaries is to rise to the level of modern and well-equipped surgical hospitals. They refer to the County Hospital at Omagh, Co. Tyrone, to which Dr. E. C. Thompson is County Surgeon, and Miss L. H. Hayes, Matron, as "an example of what we think a County Hospital ought to be as regards structure equipment, fittings and nursing." "A defect at Omagh and all similar hospitals is the absence of a house surgeon," and the Commissioners recommend that newly qualified surgeons or physicians should be

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