

Progress of State-Registration.

At the annual meeting of the Southampton Division of the British Medical Association, recently held in the Philharmonic Hall, the subject of Registration of Nurses was considered, and it was resolved: (1) That this Division approves in general of the method of registration of nurses proposed by the Select Committee of the House of Commons, and (2) that this Division approves of the separate registration of midwifery nurses.

The Westminster branch of the Association at its annual meeting, also considered the question: (1) For registration all agreed, provided that the period of training be not less than three years; (2) did not approve of separate registration for midwifery nurses.

The Northamptonshire Division of the South Midland Branch also discussed the Registration question, but no proposal was voted upon.

Mr. Claude Hay presented the R.B.N.A. Bill "to regulate the qualifications and registration of trained nurses," to the House of Commons on Monday last. The Bill incorporates the new principle of practically providing for medical control of the nursing profession. The two former Bills introduced into Parliament for this Association like those drafted by the Society for the State Registration of Nurses, recommended a governing body upon which trained nurses had rightly a large measure of representation and self-government. The present Bill was drafted by the Hon. Medical Officers who are now *six* to *one* on the Nurses' Association, these gentlemen having grasped every available office during the past ten years, and the manner in which it was thrust upon the Association is now a matter of history.

The claim of this little clique to control a profession of women and manipulate their finances—to which they do not propose to contribute one farthing—will be strenuously resisted by the profession at large.

Many nurses will have learned with pleasure that amongst the birthday honours bestowed by the King, Dr. Robert Farquharson has been made a Privy Councillor. Dr. Farquharson when a Member of the House of Commons introduced the first Bill for the Registration of Nurses into the House in 1904, and aroused very considerable interest upon its behalf.

Practical Points.

Improved Catheter to Prevent Cystitis.

Dr. Gersuny, in a German contemporary, ascribes to mechanical injury of the bladder-wall a certain proportion of the cases of cystitis that develop after repeated catheterisation. In order to prevent this, he uses a short curved glass catheter with a projecting shoulder, which prevents its entering beyond a safe distance. In thirty-five cases in which this catheter was used after operation, cystitis developed in only one instance, although slight urethritis was observed in four cases. The patient with cystitis had required catheterisation thirteen times and the others four or five.

Some Makeshifts.

Writing in the *Canadian Nurse* on "Makeshifts," Miss Edith Mayou gives some practical advice which would be more applicable in England, to district, than to private nursing. She says:—

"When a nurse, who has been trained in a well equipped hospital, starts out to do private nursing, she is often at her wits' end to know what to substitute for the convenient, but expensive and almost indispensable appliances she has been using daily during her three years as a pupil nurse. Some of the makeshifts I am now going to describe I have found just as efficient and useful as their more elaborate models.

"*Kelly Pad*.—A Kelly pad is expensive to buy, cumbersome to carry in the nurse's kit, and soon destroyed by conscientious cleaning, or by being folded away. To improvise one that is equally good for obstetrical cases, dressing wounds, or irrigating cavities, fold a sheet across twice, roll it into a tight roll, lay it on the bed in the shape of a horseshoe, letting the two ends project over the edge of the bed, pinning them firmly with safety pins to the mattress; over the rolled sheet put a good sized rubber sheet or piece of oil cloth, tuck it well under the inner side of the roll, and then over the outer, let the end project over the side of the bed, to conduct the water into the pail, the two edges being held together by a spring clothes pin or a pair of artery forceps, to form a trough for the fluid.

"*Leg Holders*.—As assistance is often unobtainable in obstetrical and gynaecological treatment where the patient is required to be in the lithotomy position, there are two simple leg holders which can be used instead of having an assistant on each side to hold the legs flexed.

"*First*.—Open out a sheet, twist it diagonally from opposite corners, until it is a roll, pass it over one shoulder, and under opposite axilla of patient when in dorsal position (if put around back of neck it would depress the head too much on the chest), carry down over front of chest, flex thighs on abdomen, pass each end of twisted sheet round thigh from within, outwards near popliteal space, and tie firmly; and no one will be required to hold the flexed thighs while the sutures are inserted, or the intra-uterine douche given.

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