

on five or six days of the week, as it is convenient in the Ward."

At a recent meeting of the Royal Commission on the Poor Laws and Relief of Distress with reference to Poor Law Questions, Dr. J. A. Macdonald, Dr. Langley Browne (Chairman of Council), Dr. Ford Anderson, and Mr. J. Smith Whitaker attended as witnesses on behalf of the British Medical Association. They handed in an interesting report and subsequently gave evidence. The following items are of special interest to nurses.

*Assimilation of Poor-law Infirmaries to General Hospitals.*

24. The provisions for the care of the sick in Poor-law Infirmaries should be assimilated to that of hospitals supported by voluntary contributions in the following respects:—

(a) As to the standard of nursing, food and drugs.

(b) As to the provision for the performance of important operations in the institutions where possible.

(c) As to the use of the institutions for purposes of clinical medical instruction.

(d) As to the keeping of clinical records of cases.

(e) As to the institutions being open to reasonable public inspection.

25. Provision should be made for obtaining special medical or surgical assistance in Poor-law Infirmaries where necessary.

*Amalgamation of Groups of Infirmaries.*

26. It is desirable that Poor-law Infirmaries in country districts should in many cases be co-ordinated or amalgamated in order to render possible, without undue expense, the reforms suggested in recommendation 24.

27. In particular combined Infirmaries might be established for incurable cases, relieving the congestion of the Workhouses.

*Provision for Cases of Infectious Disease.*

28. The responsibility for dealing with cases of infectious disease should in all cases be placed upon the Sanitary Authority.

*Venereal Disease.*

29. Better provision than at present should be made for the care of cases of venereal disease, and all persons suffering from such diseases who obtain relief under the Poor Law should be detained until no longer infectious.

*District Nurses.*

33. Poor-law Authorities should subscribe to, or maintain district nurses for the poor, but all district nurses should be placed under stricter supervision than at present and should act under medical control.

Lord Roberts bore cordial testimony to the value of good nursing at the Annual Meeting of the Ascot Benefit Nursing Association. He said that his knowledge of the worth of nurses in South Africa was enough to fill him with gratitude. He could remember the time when there were no nurses, and when antiseptic treatment and the use of anæsthetics were practically unknown. For the first two or three months of the siege of Delhi not one case of amputation survived, and at Lucknow the death statistics were much the same. What the wounded and sick suffered during the Indian campaign from the overpowering heat, the swarms of insects, the stench, the lack of the surgical and medical treatment they would get to-day, and from the want of proper nursing, could hardly be described. But, happily, such a state of things would be impossible now. His experiences in the South African War formed a striking contrast to those which he had in India.

Dr. Lionel Stretton, the Senior Surgeon of Kidderminster Infirmary and Children's Hospital, at the recent Annual Meeting, warmly acknowledged the assistance the medical staff had received from the Matron (Miss A. Barling) and her staff of nurses, and he also mentioned that the Matron herself had very materially aided the finances of the institution during the past year by instituting a linen guild, which had raised between £60 and £70. The Matron was now anxious to raise a fund for the erection of a mortuary chapel. It had been said that this expenditure was not necessary, and was simply a question of sentiment, but he ventured the opinion that this world would be a very much worse world if it were robbed of its sentiment. The present mortuary was now out of date and unsuitable, and the new building would be used for the benefit of all, and would not be used at all on sectarian lines.

Probably there is nothing which appeals more to the poor than reverent attention to their dead while they remain in the care of the hospital. They themselves in the depths of poverty will often go without necessaries in order to pay the honour which they deem fitting to the dead. They are extraordinarily impressed when the attention paid by a hospital to the living is extended to the dead also, and they are correspondingly revolted when the mortuary arrangements are unseemly. Evidence of care on the part of nurses in the arrangements of the mortuary, in the disposal of the body, and in placing a few flowers about it are remembered gratefully

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