a visiting physician, who is a permanent officer in charge of the hospital. Such hospitals shall accommodate at least eighty patients. They shall not be institutions for convalescents only. The period of training shall be for two years, and in the course of it the nurse shall receive at least eight lectures on elementary anatomy and physiology, four lectures on medical and surgical nursing in their special bearing on fever-nursing, and twelve lectures on the infectious diseases . . ."

III.—"A printed syllabus shall be provided to show the ground which the before-mentioned courses of lectures should cover, and, as far as possible, the final examination, hereinafter mentioned, shall be in keeping with the syllabus . . ."

IV.—"A schedule of ward instruction shall be provided and shall show the ground to be covered by the sisters or charge nurses in training probationers . . ." (This schedule is to be contained in a case which the probationer is to take with her to the wards. When the sister teaches her anything set down in the schedule, the teacher is to initial the item.)

EXAMINATIONS.

The regulations which follow deal with the final examination. This is to take place twice yearly, in April and October. The paper is to be issued from headquarters. The practical examination, as far as possible based on the schedule, is to be at the hands of an independent examiner. There is an entrance fee of 1s., and, if the candidate passes, a registration fee of 5s. A candidate trained at one recognised hospital may be examined at another—a provision which makes it possible for the examination to be centralised at the chief hospital of a district.

The Education Committee is empowered to advise medical officers, matrons, examiners, and others on matters connected with the training and examination of nurses. The Committee can also appoint inspectors to report on the training and examination at particular hospitals. It may thereafter submit recommendations to the authority owning the hospitals, and may make it a condition of recognition of the hospitals that such recommendations shall be acted upon.

The Articles provide for a Registration Committee, and there are special regulations which empower this body to act at all times on behalf of the Association relative to Registration.

It must be added that the educational scheme cannot reach the examination point until two years have passed. During this period members will be admitted to the register of trained fever nurses on the recommendation of the matrons of their hospitals—given that the Council are satisfied as to their knowledge and efficiency.

As the outcome of a meeting held at 54, Mount Street, Grosvenor Square, W., by the kind permission of the Countess of Plymouth, a National Food Reform Association has been founded, which has its headquarters at 40, Chandos Street, W.C. The first object is "To enlighten public opinion on matters of diet."

Practical Points.

Conditions affecting the colour of urine.

The conditions causing variations in the quantity of urine are also likely to change its colour. When its secretion is diminished it is generally highly coloured, the amount of solids being comparatively large. When its secretion is abnormally increased, it will be a pale straw colour. Diabetes mellitus is a notable exception to this rule. In this disease, say Miss Maxwell and Miss Pope, in their book, "Practical Nursing," owing to the presence of sugar, the urine is always highly coloured.

The colour of urine is also changed by (1) Certain drugs. Over dosing by iodoform, carbolic acid, and other coal-tar derivatives, such as salol and guaicol, is always marked by the dark smoky urine. Rhubarb and senna gives a reddish-yellow colour, and santonin a brilliant yellow. (2) The presence of decomposed blood pigment will render it dark and smoky. (3) The presence of bile pigment which gives a greenish tinge, the colour becoming deeper as the urine stands. (4) The presence of chyle, which gives it a milky appearance due to finely divided fat, fibrin, and albumin. Chyluria is a symptom of filariasis, a parasitic disease occurring chiefly in tropical countries. (5) The presence in excess of many of its normal constituents. (6) The presence of bacteria, which cause a marked turbidity, especially in alkaline urine. (7) The presence of pus, which invariably makes it turbid. (8) Alkaline decomposition, which also makes it turbid.

The absorption of medicine.

Medicine is introduced into the circulation through five channels: the stomach, the rectum, the cellular tissue (subcutaneously), the skin (inunction), and the lungs (inhalation).

The length of time required for the absorption of medicines depends on the solubility of the remedies, the method of giving, and the state of the circulation.

Subcutaneous injections are absorbed, under ordinary circumstances, in five minutes, as they enter directly into the circulation. Owing to the large number of blood vessels in the lungs medication given by inhalation will also be absorbed speedily—that is, in five to ten minutes. The average time required for gastric absorption depends on the state of the stomach and the nature of the medicine. Medicine will be absorbed sooner when the stomach is empty than when it is full. Solutions are more readily taken into the system than powders and pills, because the latter must first be dissolved; and solutions made with alcohol will probably be absorbed in quicker time than those made with water or other liquid. Rectal absorption is slowest, requiring three-quarters of an hour. Give medicines on time. If they are ordered for twelve o'clock, for instance, they must have been given by that time.

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