

gauze or a small sponge is placed to filter the air, and to prevent the inrush of unwarmed air. Clots of blood and mucus must be removed directly they are ejected. The inner tube must be removed when necessary, thoroughly cleansed, and replaced. Each time patient awakens he must be fed with beef-tea, milk, brandy, etc. A cardiac stimulant is usually given. At end of 48 hours the outer tube may be removed, and a fresh one inserted, and afterwards changed every three or four days. The tube can often be removed altogether about the sixth or seventh day. This must, of course, depend on the patient's condition, and whether he can breathe well without it. After removal of the tube, the wound heals fairly quickly.

Tracheotomy cases should never be allowed to sit up or to rise up suddenly, as they are extremely liable to heart failure. Complications are not common. Pneumonia or cardiac failure are the most frequent. Hæmorrhage is rare. Sloughing of wound may occur if tapes are tied in too tightly or tube not removed frequently enough. Ulceration of the trachea is not uncommon with an ill-fitting tube, of which the end rubs the trachea; it is generally noticed about the end of the third day, when blood-stained mucus may be coughed up through the tube, also the end of inner tube is blackened.

There is often difficulty in feeding, and the patient may have to be fed with a tube or catheter.

If the operation is for diphtheria, care must be taken by the nurse not to inhale anything the patient may cough up.

V. J.

The Scottish Nurses' Association.

The Scottish Nurses' Association has issued a very useful leaflet, from which we quote as follows:—

At a meeting held in Glasgow on July 6th, 1909, it was determined to form a Scottish Nurses' Association. This Association will endeavour to bring the various branches of the nursing profession into touch with one another, and to raise the standard of the profession. It will be a means whereby nurses will be kept informed of what is going on in the nursing world likely to affect their professional interest. It will act as a medium for voicing their opinions.

At the present moment the question of State Registration of Nurses by a single portal for the United Kingdom being all-important, the Association will, in the first instance, direct its energies to the furthering of this end.

There are at present two British Bills before Parliament which have this object in view, the one promoted by the Royal British Nurses' Association, and the other by the Society for the State Registration of Nurses; and efforts are being made to amalgamate these, the joint Bill retaining the good points in each.

While these Bills primarily extended to Great Britain only, the Irish Nurses' Association made vigorous representation with a view to having the

Bill extended to Ireland, on the ground that the exclusion of that country would prove hurtful to the status of the nursing profession there. In Scotland, on the other hand, an endeavour has been made to obtain separate legislation, based on a many portal system, and the signatures of many nurses have been obtained who were in ignorance of the facts of the case, and who ultimately signed in favour of the single portal system when they had all the facts laid before them.

The promoters of the above Association believe that separate registration will prove quite as harmful for Scotland as it could for Ireland; that it will undoubtedly lower the status of the profession, and hinder the professional advancement of Scottish Nurses in England or the Colonies, while it will tend to continue many of the disadvantages under which the Scottish Nurse at present labours during her educational period.

As a great deal has been said of the inadequate representation given Scotland in the British Bills, it is right to point out that the Bill promoted by the Royal British Nurses' Association gives equal direct representation to Scottish, English, and Irish nurses, notwithstanding the smaller number of nurses in Scotland and Ireland as compared with England.* Endeavours are being made to secure adequate representation for Scotland under the joint British Bill which is being drawn up.

As misapprehension exists on the following points it may be stated that:—

1. Under the British Registration Bill, supported by the Scottish Nurses' Association, Scottish nurses will not "require to go to London to be examined," as the examinations will be conducted at suitable centres throughout the Kingdom, such as Edinburgh, Glasgow, Aberdeen, etc.

2. Nurses who are already trained, or who will complete their training before registration comes into force, will be admitted to the register without further examination.

3. The fees mentioned in the Registration Bills are the maximum that the Council will be permitted to charge; they may however, be much less, and nurses may rely on their being made as low as consistent with efficiency.

4. By a one portal system is meant one under which the education and examinations would be of uniform standard, controlled by a central authority, one of the duties of which would be to ensure that all nurses receive a satisfactory training and attain to at least a defined degree of efficiency.

By a many-portal system is meant one similar to that which at present exists, each hospital granting its own certificates and controlling its own training and examinations. Such a system lends itself to obvious abuses.

Nurses, probationers, and others wishing to join the above Association will oblige by sending their name, status, and address to the Interim Secretary, DR. HAMILTON ROBERTSON, 22, Percy Street, Maryhill, Glasgow. The subscription is 1s. per annum for nurse members, and 5s. per annum for members of the medical profession.

* This is unjust to English nurses, although we all desire adequate direct representation for Scottish and Irish nurses.

[previous page](#)

[next page](#)