was pregnant during the time of the Matron was got away quietly. Two head officials at the Sanatorium were continually quarrelling, and proper administration could not be expected under such conditions. Serious statements had been made by people who had been nursing there as to the lack in quality and quantity of food for the nurses and the patients.

One nurse stated—and it was not seriously contradicted—that instead of the porter being called to take the corpse away when a death occurred, the nurses had to place it where they could until morning, and on one occasion a child was placed outside in a linen basket. Dr. Robinson averred that further evidence showed that the nurses were given food in bad condition, and had to eat it from crockery used by the patients. "Imagine," said the doctor, "nurses eating off crockery used by diphtheria patients." So bad was the food provided, they were told, that it was generally given to the cat. After the disclosures they had had he did not consider Miss Duffy had acted as she should have done in this affiliation case, and she should not be retained as the Matron of the institution.

Dr. Lilley (Chairman of the Hospital Sub-Committee) said the statements of Dr. Robinson had never come before the Committee.

Mr. Flanagan could not agree with the resolution that the Matron be asked to resume her duties.

Dr. Robinson moved, and Mr. Flanagan seconded, an amendment that the Matron, Miss Duffy, be asked to resign.

Dr. Lilley supported the resolution, and said he was certain that the statements made by Dr. Robinson were untrue.

Mr. North remarked that he hoped the Committee would not reinstate the Matron.

Ultimately the amendment that the Matron be asked to resign was defeated, and the report recommending that she be asked to resume her duties was adopted.

We hope the women of Hull will take public action in support of Dr. Robinson in his spirited demand for decency and discipline in the administration of the Hull Sanatorium. We commend this institution to the vigilant attention of the National Vigilance Association for the Suppression of Vice.

Legal Matters.

There are several lessons to be learned from the evidence given before the Lambeth Coroner at an inquest on a poor patient, who through the error of a nurse received an overdose of morphia at St. Thomas's Hospital. As reported in the *Times*, Miss Bertha Smalley, nurse at the hospital, said that the woman came under her care. She produced a bed card, and stated that she was responsible for giving the liquor morphia hydrochloric sleeping draught mentioned on the card. She gave it from a medicine glass, which was marked for teaspoonfuls. For half-drachm she would measure half a teaspoonful. The morphia was of Pharmacopœia strength, and was marked "Liquor morph." It was kept in a poison chest. There was an electric light in the ward when she poured out the draught. In reply to the Coroner, she said that the signs for a tablespoonful and a teaspoonful were much the same, and she mistook the sign on the card. In reading it she mistook the drachm sign for an ounce. Five minutes afterwards she discovered her mistake and called the doctor. The house physician said that the patient was suffering from Graves's disease and advanced consumption of both lungs. She had no symptoms of poisoning when he was called, and he could find no sign of morphia poisoning at the time of her death. She might have died at any moment from natural disease. He did not think that the morphia accelerated the death. Nurse Smalley, recalled, said, in reply to the foreman of the jury, that nurses were not trained as to the fatal doses of poisons; "they had to find out for themselves." The Coroner commented on the danger of having a number of closely written lines containing the names of several poisons on a bed card, and also on the danger of permitting hospital nurses to measure poisons with an ordinary glass marked for teaspoonfuls or tablespoonfuls. The jury found that the woman died from the effects of disease accelerated by the shock following the surgical treatment made necessary by the nurse's mistake. They recommended that directions for administering medicine should be written in plain English instead of "hieroglyphics."

We commend the Coroner for his remarks, but why did he not go further and recommend that systematic teaching in elementary therapeutics should be included in the nursing curriculum of every training school for nurses? Surely the time has gone past when nurses "have to find out for themselves" whether or no the drugs they are called upon to administer will poison a patient! And should it not be an invariable rule that mimim doses should be measured in a minim glass. And surely the common signs of weights and measures cannot be described as "hieroglyphics." A mistake may be made, and we sympathise with a nurse who makes one, but in this instance it would appear as if the lack of systematic training was the primary cause of disaster.

Coming Events.

CONGRESS OF THE ROYAL SANITARY INSTITUTE, ROYAL PAVILION, BRIGHTON, SEPTEMBER 5TH—10TH.

Principal Events.

September 9th.—Conference, 10 a.m.

Closing Meeting, 1.30 p.m.

Garden Party, 3.30 p.m.

Popular Lecture by Dr. Alex. Hill, M.D., F.R.C.S., J.P., on "The Bricks with which the Body is Built." 8 p.m.

September 10th.—Excursions.

September 10th-14th.—Second International Congress on Occupational Diseases, Brussels.

October 10th.—Territorial Force Nursing Service, City and County of London. Reception at the Mansion House by invitation of the Lady Mayoress and the Members of the Executive Committee. 8—10.30. p.m. Entertainment and music.