

possess a certificate of three years' training. The regulations of this institution state definitely—(1) "Probationers are received free of charge for a full term of two years' training. Two years of service are required after two years of training."

(4) "Probationers who enter for the full term of two years' continuous training . . . will at the end of that period receive a Certificate."

So that it is quite clear that the term of two years' training is not "nominal" but actual, and that further experience obtainable is "service," and cannot therefore be classed as systematic nursing education.

That is our point.

Moreover, as the regulations of the Q.A.I.M.N.S. do not define service, it would be possible at any time for the Advisory and Nursing Committees which governs it, to accept as service private nursing, clerical work, and domestic work, in all of which activities certificated London Hospital nurses must engage at the discretion of the matron, during the further two years they have contracted to serve the hospital.

A few weeks ago in the *Standard*, Mr. Holland in opposing Registration, and in support of his short term training, boasted that the three senior and most lucrative posts in Queen Alexandra's Imperial Military Nursing Service—viz., the Matron-in-Chief, and the two Principal Matrons, at Home, and in South Africa are at present held by London Hospital nurses! That is by ladies with certificates of Two and not of Three Years' Training.

It is this depreciation of the three years' standard, which we, and many others consider unfair to the profession at large, and most injurious to the status of military nursing in particular.

We commend this matter to the very serious consideration of the Secretary of State for War, if the services of the most efficiently trained nurses are to be secured for our sick soldiers. By the adoption of the three years' standard of training and certificate, it would be made evident to such nurses that the highest professional efficiency and personal merit—as apart from subterfuge and social influence, would in the future command promotion in Queen Alexandra's Imperial Military Nursing Service.

CLINICAL NOTES ON SOME COMMON AILMENTS.

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SMALL POX.

Most of the readers of this Journal, on seeing the title of this paper, will probably wonder why small pox is described as a common ailment. Fortunately, many nurses go through their whole career without coming across a single case of the disease, but my reason for including a short description of small pox in this series is that, owing to the steady increase that has been taking place of late years in the number of unvaccinated persons, on account of the introduction of the so-called "conscientious objection" clause in the Vaccination Acts, it is practically certain that when an epidemic of small pox does arise in this country, it will attack a considerable number of people. I shall, however, have occasion to return to the question of vaccination later.

Small pox is a disease of great antiquity; it was prevalent in China many centuries before Christ, and a very clear description of the eruption and course of the disease is given in the book of Leviticus, where rules are laid down for the guidance of the priest in distinguishing it from leprosy.

It attacks persons of all ages, from the unborn child of an infected mother to people of advanced age. Practically complete protection is, however, afforded by adequate vaccination, or by a previous attack of small pox itself. The average death-rate amongst white races is about 30 per cent., but is much higher—from 40 to 80 per cent.—in aboriginal races, such as Red Indians and some of the Mexican tribes. In this country its incidence and fatality depend, practically, entirely on the number of insufficiently vaccinated people in the locality of the originating case.

I do not intend to give a detailed description of the eruption, such as can be found in any text-book of medicine, but I shall endeavour to point out what commonly happens when small pox is introduced into a community.

It is generally started by an unrecognized case, which may, in a town, have found its way into a common lodging-house, or similar place where the tramp population most does congregate; frequently the original patient is a sailor from a foreign port where the disease is prevalent.

The incubation period is most commonly ten or twelve days, and at the end of that time the

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