

and honourable midwives are protected from the stigma of association in the public mind with a woman of this type.

NO CENTRAL GOVERNING BODY FOR THE NURSING PROFESSION, AND NO REGISTER OF TRAINED NURSES.

We ask the public to note the truth of the taunt of Nurse Betty's solicitor, that she can still earn her living as a nurse, and is in fact doing so. Further, that there is no means of preventing her from obtaining access to their private houses in this capacity. If members of the public not unnaturally ask, Why do not nursing authorities pursue the same course as the Central Midwives Board? the answer is that there is no legally constituted authority which can register them, and protect them from association with women like "Nurse Betty."

NOT THE FAULT OF TRAINED NURSES.

This is not the fault of trained nurses, for, for a quarter of a century, an earnest section of the nursing profession has done all that voteless women can do to urge such legislation upon the Government, and, since 1904, a Bill has been before Parliament "to regulate the qualifications of Trained Nurses, and to provide for their registration," which provides for the establishment of a General Nursing Council charged, amongst other powers, with the duty of maintaining discipline in the ranks of registered nurses. Nurses have urged this primarily in the interests of the public, as well as for the honour of their cloth, and they have convinced the General Medical Council, the British Medical Association, a Select Committee of the House of Commons, and also the House of Lords, of the wisdom and justice of their proposals.

THE CENTRAL HOSPITAL COUNCIL FOR LONDON TO BLAME.

The responsibility for delayed action must rest with the Central Hospital Council for London, a self-constituted body composed of chairmen, governors, and members of the medical staffs of some of the largest London Hospitals, trained nurses being unrepresented upon it. This small body throughout its obscure and inglorious career has only been heard of through its active opposition to the demands of trained nurses for organization, conducted by a Committee formed for that purpose.

A PERILOUS POSITION.

But while legislation is delayed because of the interested obstruction of those who desire to keep nurses cheap and unorganized, the public is in a position of peril.

The present case will undoubtedly draw the attention of those battenning upon the souls and bodies of women, to the ease with which they may send their touts into private houses in the confidential capacity of trained nurses, there to come into intimate contact with innocent girls, whether daughters or servants of the house.

The situation is pregnant with the most sinister possibilities.

APPEAL TO THE PUBLIC.

We appeal to the public, and especially to that section of it which has votes, to demand that a Bill shall be passed through Parliament next Session to regulate the qualifications of trained nurses, and to provide for their registration, thus introducing order and discipline into the ranks of the nursing profession, and protecting the public from the exploitation of immoral persons.

OUR PRIZE COMPETITION.

WHAT ARE THE SPECIAL POINTS TO BE OBSERVED WHEN NURSING A CASE OF DIPSO MANIA?

We have pleasure in awarding the prize this week to Miss F. Sheppard, Dudley Road, Tunbridge Wells.

PRIZE PAPER.

Dipsomania, an insatiable desire for alcohol, observed in habitual drunkards; another form is *delirium tremens*. Sleeplessness is a most characteristic symptom in a dipsomania patient, and this sleeplessness is associated with busy restlessness, a chattering tongue, fidgetty hands, and imaginary spectra. The tongue is protruded in a tremulous way, as in fever, but it is not brown and parched, but moist and creamy; the pulse is soft and compressible; the skin often bathed in perspiration. The patient may reply coherently to a question or two, but soon after relapses into the fancies characteristic of the disease. These fancies are not always pleasant, but often take the lowest and most repulsive forms. Thus rats, serpents, mice, and imaginary demons are crawling about him, and in endeavouring to escape or to destroy these, the mind is sorely tried. Often he peeps suspiciously behind the curtains, draws the bedclothes over him, or attempts to leave his bed. Cowardice rather than violence is exhibited both with regard to himself and his actions towards others. In favourable cases improvement usually takes place on the third or fourth day, and the patient awakes refreshed from sleep. In fatal cases the symptoms are aggravated, and attended with

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