

just—primarily for the efficient care of the defenceless sick, and secondly in justice to an honourable and arduous class of skilled professional workers.

We want legal status.

We want an Act of Parliament which will legally regulate the work—work of immense importance to the whole nation—in which we are employed.

We want that Act to define a thoroughly representative elected governing body for our profession, largely elected by the workers themselves, and not nominated by their employers.

We want that independent Nursing Council to have power to define our educational curriculum, and to encourage hospitals which profess to train nurses to maintain an efficient standard of education.

We want our knowledge tested by an independent Board of Examiners, and that its certificate of proficiency shall qualify for legal registration, thus providing for one portal to the practice of nursing.

Moreover, we want the Governing Body to be absolutely independent, so that the standard of discipline defined by it, and maintained throughout the profession, may inspire confidence, respect, and obedience; also that every nurse on the Register shall have fair and unbiased treatment if called upon to render a defence to any charge which may be brought against her.

We want, with the help of such a Governing Body, to build up a splendid *personnel* of public servants, worthy to take their part in maintaining a high standard of health in the community, and of rendering the most expert skill and comfort to the sick and suffering amongst them.

These are splendid ideals, and it remains for those influenced by them to make them realities.

Is it presumable that the thousands of Matrons and nurses inspired by them throughout the United Kingdom will, after all their labour for upwards of a quarter of a century, be content with such a scheme as that embodied in the Circular of the anti-registrationists?

The Registrationist demands personal responsibility; the anti-registrationist denies this primary human right. In our opinion, nothing further need be said on this question, except that those inspired with a sense of personal responsibility, and of public duty, must unite as they have done before to oppose, by every means in their power, this demand, on the part of irresponsible persons, to organize, and govern our work and our lives.

ETHEL G. FENWICK.

THE PREVENTION OF EAR AND THROAT TROUBLES IN INFANCY.

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One of the most important effects of adenoids is that on the ears. A large percentage of deafness in children and in young adults is due to their influence. This influence is, as already pointed out, exercised in two ways—by bulk and by infection. A very large mass of adenoids may compress the openings of the Eustachian tubes, but I think that this is exceptional. Bulk so interferes with the efficient action of the muscles of the palate which control the movements of the tubes that the proper ventilation of the drum cavity is prevented. If the Eustachian tube fails in its work as a ventilating shaft, the atmospheric pressure in the tympanum becomes lessened because the air in that cavity is either absorbed or sucked out by the tube during swallowing. As a result of this lessening of pressure, the drum membrane cannot vibrate properly, and becomes forced in by the weight of the air in the outer passages.

But the more important and more severe effects are the direct outcome of infection. Just as germs can, from their secure lair in the adenoid furrows, extend their fell work to the nose, lower air passages and food tract, so can they spread up the Eustachian tubes to the ears. Acute and chronic catarrhal inflammations progress up the tubes partly by continuity of tissue, partly by direct infection. The earliest effects are attacks of earache and deafness, especially during colds. It does not need a large mass of adenoids for this to happen; in practically every case the mass extends behind the Eustachian tubes, and a simple or infective inflammation of the adenoid may cause this extension to swell up and directly to implicate the opening of the tube. These first attacks are periodic, with intervals of good hearing. The mother tells one that "he is only deaf when he has a cold," and does not think it anything to trouble about. But it is sufficient reason for action, not for delay. Presently the child reaches a time when the fluctuations are less marked, and he is well on the way to chronic deafness, less easy to cure. It is against this comparatively slow and insidious deafness that

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