

to all in distress, generally under fire, and constantly in imminent risk of their lives. They tended the wounded of both sides under fire, bought provisions out of their own slender resources, and distributed them, in localities where bullets were flying thick, to people who must otherwise have been in want, gave food and drink to soldiers in the trenches and elsewhere while firing was actually going on, and helped to find shelter for refugees forced to leave their homes. Later, when matters became quieter and their services were not so urgently required here, they cycled daily to Inchicore, where they attended to wounded Sinn Fein prisoners. For more than a week neither of them snatched more than an occasional hour's sleep in their clothes. The specific instances of their heroism are too numerous to mention, but all officers and men who fought in this locality can testify to cases in which these ladies risked their lives in pursuance of their duty, not once, but many times daily. I speak from personal knowledge, as the Misses Fitzpatrick made my house their headquarters after they were obliged to leave their own."

REGISTRATION IN BRITISH COLUMBIA.

The special correspondent of the *Lancet* in Western Canada reports that:—

"A Bill has recently been introduced into the Legislature of British Columbia to divide the nurses of the province into two classes—registered graduate nurses (R.G.N.) and registered household nurses. It does not forbid other women to practise as nurses for hire, but provides considerable penalties for fraudulent assumption of the titles above. The registered graduate nurse is to be a graduate of an approved training school and must have passed an examination in elementary bacteriology, materia medica, anatomy and physiology, dietetics, medical nursing (including contagious diseases), surgical nursing (including gynaecology), obstetrical nursing, and children's diseases. The household nurse passes an *oral* examination in practical nursing (which will show her *manual* dexterity, the Bill says), also a written examination on subjects relating to practical nursing care. A recent amendment to the Bill provides that wherever a word signifies the female sex the male shall also be included, so that male nurses are also to be regulated. The intention is to enable the public to decide what nurses are well educated and of good character. The Bill in its present form is crude and hasty and hardly likely to become law."

We should hope not, or it is very improbable that well-educated women will study the comprehensive curriculum and spend three years attaining professional skill in hospitals, if an "oral" examination and *manual* dexterity is to qualify the "household nurse"—whatever that is—to undersell them at every turn.

THE CARE OF THE SCHOOL CHILD.

THE CARE OF THE EYES.

A lecture on this subject was delivered at the London Day Training College, Southampton Row, W.C., on May 24th, under the auspices of the National League for Physical Education and Improvement.

The lecturer was James Kerr, Esq., M.D., Medical Research Officer to the L.C.C.

He said: Vision influenced all school work and is influenced by it. The expression "sit up," which was heard so constantly in the schools, was an essential requirement, as the eyes of children should always be well away from their work.

In the very young child there existed what might be termed "mind blindness." When the testing of vision of school children was first inaugurated an enormous percentage of the younger children was reported as defective. These figures were entirely spurious. The fact was, not that the young children saw badly, but that they interpreted badly.

It was Dr. Ettie Sayer who discovered that by offering very young children a sweet for every extra test letter seen the defective vision often proved to be that the child had become tired and uninterested.

The inflamed Meibomian glands which occurred in debilitated children, and produced what was known as "stye," should be treated by attention to the general health. Cod liver oil should be given, and frequent doses of fresh milk. Extraordinary results had been obtained from giving a cupful of the latter to a debilitated child in the middle of the morning. It was far better to risk the germs which existed in unboiled milk, to obtain the vitamins so essential to growth, and which was destroyed by cooking.

Keratitis, or inflammation of the cornea, was an indication of inherited disease, though he was inclined to think that the results of syphilis were much exaggerated. It took the form of haziness of vision, and at the same time it was common for deafness to appear, though complete blindness or deafness never resulted. He warned his hearers to be very careful about remarks as to specific disease when visiting, as gross libels were often the result.

Corneal ulcer was often due to abrasion from dust, and more cases occurred in May, June and July than in all the rest of the year together.

This condition was found in youth and old age when there was little resistance to germs. It was of first importance to preserve the immunity of the child and a constant struggle should be made to maintain its nutrition. In children the commonest injury to the eye was that inflicted by undoing boot laces with a fork. An injury of this nature would necessitate the immediate removal of the eye, or it would probably cause sympathetic ophthalmia of the other eye and total blindness would probably result. Many were blinded in the present war for want of immediate operation.

[previous page](#)

[next page](#)