

handy woman. She must be a lover of her kind, possess culture and refinement, and have knowledge of social conditions and sympathy with joy as well as with suffering. She must have sound knowledge of the laws of sanitation and hygiene; she must be an expert dietitian before she can teach the truth about food values and instruct people how to nourish the body. She must understand the care of infants, so that she may teach the mothers how to conserve their own health and that of their children. All these duties come within the scope of the modern trained nurse, as well as the skilled care of the sick.

"A nurse for the sick is not the primary need of the people: preventive nursing is their greatest economic asset. Miss Nightingale laid down the principle more than fifty years ago, that 'nursing the well' is more important than nursing the sick, 'preventive hygiene than curative medicine.'

"We must realise just here that thorough education is expensive, and that time and money must be abundantly expended in attaining fine skill. A great army of efficient Health Nurses, qualified for their responsible work, cannot be produced at the rate of remuneration now paid to those who look after the sick poor in their own homes. But we need no make-shift in this connection. What is required is a tested and highly efficient instrument, and a fair price must be paid for it, both in its production and use. The cry that an efficient Nursing Service for the people cannot be procured, that women cannot be got for the work, is usually the cry of those who are not prepared to pay adequately for high-class work done by women. The labour market, as we all know, is very largely governed by 'spot cash.' Very little 'spot cash' is available for highly skilled nursing. Let the community realise its value, and call upon the State to standardise trained nursing by a Registration Act, and then pay justly for it. I claim it would be good business in the race for national supremacy."

Mrs. Fenwick then outlined the form of legislation supported by the Central Committee for the State Registration of Nurses, and incorporated in its Bill, and gave an illuminating *résumé* of the "Thirty Years' War," the history of the long and spirited fight of the nurses for higher education and a just Registration Act, concluding with the words: "We shall submit to no form of legislation which does not provide for sound educational and economic conditions and give us our professional enfranchisement."

Miss Graham Hope, in thanking the speaker,

said the National Party had the Nurses' Cause very much at heart, and would give them its help and support. M. B.

"THE NEW DISEASE."

By A. KNYVETT GORDON, M.B. Cantab.

For many years it has been the custom in a certain section of the lay press to announce under more or less sensational headlines the advent of a new disease or method of treatment. As this honour is conceded, for the most part, only to those conditions from which something in the nature of a scare can be elicited—the unemotional results of patient research work being usually left severely alone—it may be conjectured that the object is not so much the enlightenment of the public as the necessity for applying a circulatory stimulant to the paper in question.

Some of these efforts cause no little amusement to doctors and nurses. Most of us, for instance, remember the dramatic way in which tracheotomy for laryngeal obstruction in diphtheria was described as a marvellous operation for many years after the residents in any large fever hospital had been doing it steadily about half a dozen times a week without any great astonishment at the subsequent recovery of the patient!

Then, too, not so many years ago, an outbreak of cerebro-spinal meningitis was dished up as the "Spotted Plague" and even as "the pestilence that walketh in darkness," and the public was—very disgracefully—frightened out of its life. But the paper sold like hot cakes in consequence.

Sometimes, again, the newcomer is simply a more accurate name for an old complaint. Appendicitis, for instance, was long hidden as "inflammation of the bowels" until surgeons began to open the abdomen.

Still, the process of evolution goes on in diseases as well as in individuals, and apparent change of type is constantly occurring. If the intermediate stages escape unnoticed, it is obvious that a development which differs somewhat from its parent may easily be described in all good faith as something new.

That is what has happened recently. Small outbreaks of a disease—which is infectious, attacks the nervous system of previously healthy people, and often ends fatally—have occurred; the papers have scented and worked up a scare, and the public is asking doctors and nurses what it all means. I propose to answer this question by first describing the symptoms,

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