

gathering on April 1st, when the Committee of Management entertained the members to tea to commemorate the first anniversary of the opening of the Dublin Club which took place a year ago.

Miss Sullivan (Secretary) read a report of the working of the Club for the year. By it, it was seen that a number of lectures had been given, an up-to-date lending library formed, and a registry established for the benefit of club members. The energetic Chairman, Miss Shuter, and the Committee, are to be congratulated on the success of their efforts in having worked up the club to such a high standard in so short a time.

It is to be hoped that members of the profession who have not yet joined will do so, as it will be greatly to their advantage to belong to this Club. Miss Despard gave a short address and was able to inform those present that the protest made by the Society in regard to the conditions of military masseuses as laid down in Army Council Instruction 65, of 1919, has been effective, and that "Category B. Masseuses" will be eliminated from it.

NOTIFICATION OF VENEREAL DISEASE.

Trained Nurses will, in the near future, be called upon, we believe, to form an opinion on the disputed question of the notification of venereal disease, as it is probable that active measures to secure notification is about to be taken in various directions.

The National Birth-Rate Commission is understood to have been considering this subject, and the Registrar-General has also devoted attention to it.

Miss Norah March has a very informative article in the *March National Health*.

Miss March proposes that notification, which she regards as essential, should be by case number only, the physician in charge of the case alone being cognisant of the patient's identity. Communications, if any be necessary, between the Public Health Department and the patient should take place through the physician. Arrangements further would be made by which the patient might change his doctor without disclosing his identity to the Public Health Department.

There is reason to believe that the advocates of notification in this country favour this scheme. Those who are aware of the terrible sufferings inflicted on the innocent, especially the children, by venereal diseases, will not, we think, regard the scheme as at all too severe. "The community first," applies here with deadly force.

Sister Hamilton Adams, of Southampton, possesses the King and Queen's Medals for the South African War, the Royal Red Cross, the Military Medal, the Mons Star, and the highest Belgian decoration.

DEPARTMENT OF PUBLIC HEALTH NURSING.

THE ASSOCIATION OF TRAINED NURSES IN PUBLIC HEALTH WORK. CONFERENCE ON INFANT WELFARE CENTRES.

On Saturday, 5th inst., Miss Katherine Bower, Inspector of Midwives at East Ham, read a paper before the Association of Trained Nurses in Public Health Work, at the Clubroom of the Royal British Nurses' Association, 10, Orchard Street, W., on Infant Welfare Centres, which was listened to with much interest by the trained nurses who composed her audience, most of whom were engaged in Infant Welfare work.

In commencing Miss Bower explained the purposes which had led to the establishment of Infant Welfare Centres throughout the kingdom. There is appalling ignorance and superstition even now, and we have still to try to help the mothers out of the rut of Victorian days. They seem to think "What was good enough for my mother is good enough for my baby." We have all come up against the blank wall of prejudice against progress, against any change in old methods; the work we undertake at the Centres is to pull down that wall by careful teaching.

At present Infant Welfare Centres have no system of standardised teaching, the result naturally being that a mother moving from one place to another is taught at her new club entirely different methods from those prevailing at her former one, and it is not much to be wondered at that she becomes entirely bewildered and decides to attend no more clinics. The affiliation Centres as regards theoretical teaching would remedy this.

The present lack of unity is a serious problem, and one which closely concerns the success of our work. In the unfortunate case of the artificially-fed baby the mother attempts to carry out the different teaching and may, in the attempt, lose her child altogether, for experimenting with even a normal baby's digestive processes is not a safe pastime. One Centre will advocate quite different intervals between the feeds from another, one will urge the use of patent foods, another will strictly forbid them.

An important question is how to get mothers to attend the Centres. The way to get those to attend who most need help is to have systematic visiting. Infant Welfare work is really a work which involves dealing with the individual mother. The average mother looks for, and expects, a sympathetic understanding from us by virtue of our profession, our uniform is an open sesame to both their homes and their difficulties. The mother will welcome the woman who is a nurse when she will look upon the untrained woman as an intruder. Centres which do not combine visiting at the homes with the work of the clinics will only touch the outer circle of the mothers, and probably not those whose need is the greatest.

[previous page](#)

[next page](#)