

insurance will be made continuous, and arrears will be due in respect of the period when no contributions were paid.

5. Where insurance is made continuous under these circumstances, membership should be re-established under the old membership number, and any claim for benefit arising after June 30th, 1919, should be dealt with in the usual way, having regard to the member's position in insurance. If the "free year's insurance" had expired before June 30th, 1919, the provisions contained in the provision to Section 14 (5) of the National Health Insurance Act, 1918, would be applicable, and where an insured person is, under these provisions or otherwise, re-admitted to membership, he should be regarded as a new member and a new membership number allotted.

6. The Act contains provisions whereby persons who are engaged in non-manual employment at a rate of remuneration exceeding £160 a year but not exceeding £250 a year may, not later than December 31st, 1919, claim certificates of exemption provided that they have not since June 29th, 1919, had any insurable employment which was either (A) remunerated at a rate not exceeding £160 a year, or (B) employment by way of manual labour. Where an insured person who has been a voluntary contributor is brought into compulsory insurance by the new Act, he will cease to be a voluntary contributor and will become an employed contributor, and as such entitled to medical benefit on the ordinary conditions, provided that he does not exercise his right to claim exemption.

REGISTRATION UP-TO-DATE IN THE UNITED STATES.

Frankly we are sorry to see Illinois and New York State drafting registration Bills which sacrifice the nursing standards set up in the past. The Bill in the former State provides for a "junior nurse" with eighteen months' training, and the New York Bill inserts a nine months' training to qualify for "attendant." No one is satisfied—employers, doctors or nurses, and the *American Journal of Nursing* remarks editorially:—

We are convinced that if the matter of providing nurses for all the people could be placed absolutely in the hands of nurses themselves, satisfactory plans would quickly be evolved, but when legislation is being arranged, there has to be considered the commercial opposition of certain hospitals, some large, others small, some under Church management, others under the State. There has also to be considered the lack of co-operation from different groups of religious sisterhoods, the opposition of correspondence and other so-called short-course nursing schools, the indifference of some of our own members, and the determination of some medical bodies actively to dominate nursing affairs.

Strange as it may seem, no two of these groups approve or disapprove of the same things. The result is that such legislation as can be obtained is unsatisfactory to everyone. Of the forty-six laws for State registration in this country, there is not one that is wholly satisfactory to the nurses who have promoted

it, because of the concessions forced upon them by the opposing forces.

In all our experience with State registration, we have never found opposition, which, when analysed, was really promoting the public well-being. It was all more or less self-interested, intended either to benefit the individual himself, his particular hospital or training school, or something in which he was personally interested, aside from the best good for the greatest number.

SOCIAL SERVICE.

THE FULHAM BABIES' HOSPITAL.

The lot of a sick baby in a London slum is not an enviable one, and hitherto the machinery for alleviating its condition has been very meagre. But the infant, both whole and sick, is coming by degrees into its heritage.

It is to attempt to deal with those under the latter category that the Babies' Hospital, situated in Broomhead Road, Fulham, has been opened within the last few weeks. It has been described as a municipal hospital; this however is not the case. The income is derived partly from the Borough Council, partly from what was the Local Government Board (now the Ministry of Health), and the rest is raised from private effort. The house which is now converted to its present use was the gift of a generous donor, and its exterior, with the name of the Hospital in the stonework, is quite imposing. It has accommodation for twenty-four infants. The principal ward was originally the billiard room, and over this has been added a storey which provides for the needs of the staff. The wards are quite charming, both from the aesthetic and practical points of view. Light and air and cheerfulness abound. The walls are tiled in white, with a green dado, to within about four feet of the ceiling. This is met by a frieze of warm cream enamel, and the effect is very satisfactory and pleasant.

The cots are black (another gift), but the bassinets which stand in the centre of the wards are exceedingly dainty though quite inexpensive. The draperies consist of fine butter muslin made very full and lined with white. The little coverlets are of the same material, and the whole finished off with a generous bow of ribbon at the junction of the curtains. The window blinds are of white coarse mesh net. The charming little lockers are of white enamel and are furnished with glass tops. The head boards, also of white enamel, hang on the end of the cot. The bamboo screens draped with light blue check gingham are very attractive and uncommon. In one corner of the ward an enamel bath of a suitable pattern for infants is fixed. This of course lessens the risk occurring when sick children are bathed out of the ward. The basins in the ward, provided with hot and cold water, must be a great convenience to the nurses, and this arrangement saves time and will remove the problem of leaving the ward unattended when hands have to be washed. Last but not least are the babies.

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