

suppose they will be coming in and giving them dope.

Alderman P. Kelleher, J.P.: Do I understand that you are going to set apart a special room as a smokeroom for nurses?

Alderman Wood: That is the idea.

Councillor the Rev. E. Digby: I understand they ask to be allowed to smoke in their ordinary sitting-room. Pipes, I trust, will be allowed. (Laughter.)

Alderman Kelleher said he had enough confidence in the good sense of the nurses to be assured that they would not abuse any privilege given them in that way. If it were nice and right for men to smoke, for the life of him he could not see why it was not right for women to smoke. After all, wherever they went throughout London it was the practice among the nurses to smoke, and he did not see why their nurses should not be allowed to do so in their sitting-room. He had too much faith in their good behaviour to think that they would smoke while on duty. He thought the nurses should have the same rights and privileges as the men officers.

Another member expressed the opinion that, as smoking in the recreation-room might be objectionable to some of the nurses and Sisters, it would be better if a small room were set apart for the purpose.

Alderman C. E. Taylor: The same argument might apply to our own households! My wife might object to my smoking, but she has to put up with the honour.

Mr. Randall said that 90 per cent. of the nursing staff smoked. If they laid down a rigid rule prohibiting smoking they would lose practically the whole staff.

Dr. H. Robinson, Medical Officer of the Sculcoates Union, did not get much encouragement when he wrote to the Board saying that he considered it his duty to point out that if they adopted the recommendation of the House Committee to advertise for two Sisters at the Workhouse Infirmary at salaries of £60 per annum they would probably meet with no response, or only from poorly trained and incompetent persons. He pointed out that the Sisters required must be highly trained women, with the certificate of the Central Midwives Board, and would be placed in charge of floors of from fifty to sixty beds, to control and teach probationers and to keep returns. If incompetent persons were appointed, it would be unfair to the probationers and inimical to the infirmary as a recognised training school. At the present time the Sisters were being paid

£78 a year, and, for the class of work they did, it was not a high salary. An amendment was proposed that the two Sisters be engaged on the same terms as those at present employed, and Mrs. W. S. Hide, the seconder, commented on the amount of clerical work of a Sister. For the clerical work alone they could not get a clerk at £60 a year. Mr. A. Silk, replying to Dr. Robinson's criticism, declared that if the doctor would only mind his own business, and look after the medical profession and the Infirmary instead of bothering about the house officials, it would be the better for him.

The amendment was defeated, and the recommendation of the House Committee carried.

The controversy between the Committee of the Royal United Hospital, Bath, and the Bath Poor Law Guardians, concerning the diversity of opinion on the matter of affiliated training of probationers, is being widely discussed in the press. Colonel E. Lewis, Chairman of the R.U.H., has issued a well-reasoned statement of facts, although his knowledge of the history of nursing legislation is a little rocky.

What amazes us is that the scheme of surgical training for Poor Law probationers at the hospital is estimated to cost the ratepayers £500 a year.

The Guardians resolved that the Ministry of Health be informed as to the circumstances which led to the failure in carrying out the scheme for training.

Dr. Edward Martin classifies doctors and nurses as follows in the *American Journal of Public Health*:—

"The profession of medicine is made up of three groups: an upper third—leaders in research, thought and helpful action, self-immolating altruists, the flower of civilisation; a middle third—strong, able, clear-minded men, who follow the lead of the upper third; and a lower third—prejudiced, ignorant, self-centred, whose approbation is undesirable. The sanitarian must have the upper two-thirds with him; the lower third against him.

"The nurses may be roughly classed as are the doctors: upper, middle and lower thirds. The upper and middle thirds are priceless boons to the community; the lower third almost as pernicious as the corresponding class of doctors. A health department cannot successfully administer without the public health nurse, who, if wisely chosen, will respect the rights of the doctor and add to his honour and

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