

mense strides, and, in spite of obstruction and lack of intuition in England, we are being carried along, whether reactionary people like it or not. Nature must be obeyed, and that is all there is to it.

Several leaders of nursing thought hope to be with us from abroad, and most interesting photographs have been received, especially those from Dr. Anna Hamilton, of the beautiful new *École Florence Nightingale School for Nurses* at Bagatelle, Bordeaux.

### FEVER NURSES' ASSOCIATION.

The Annual Meeting of the Fever Nurses' Association was held, by kind permission of the Metropolitan Asylums Board, at their Offices, on Saturday, May 26th.

Owing to ill-health the President for the current year, Miss A. Stewart Bryson, Matron of the Northern Hospital, Winchmore Hill, was prevented from presiding, her place being taken by Dr. J. T. Kitchin of Bradford, the retiring President.

The Report showed that the total number of members and nurses holding the Association's Certificate is 2,978. Two examinations were held during the year, one in October, 1922, and the other in April, 1923. The number of entrants at each was greatly in excess of those at any previous examination, no less than 297 candidates sitting for the April examination.

Three hospitals have been added to the List of Training Schools recognised by the Association.

The financial position still continues satisfactory, the income for the past year exceeding the expenditure by £30 16s. 9d.

In the much regretted absence of the President, Miss S. A. Villiers very kindly read the Presidential Address, entitled "Convalescent Nursing."

After the Report had been adopted and the members of the Council elected, votes of thanks were passed to the Hon. Auditor and to the Metropolitan Asylums Board for allowing the use of their Committee Rooms in which to hold the Council and Executive Meetings and for the use of their Board Room for the Annual Meeting.

A resolution of sympathy with the President owing to her enforced absence, and of thanks for her Address having been unanimously passed, the proceedings terminated and members were then entertained to tea.

#### THE PRESIDENT'S ADDRESS.

LADIES AND GENTLEMEN,—I think perhaps the subject of my address this afternoon on Convalescent Nursing may not be a very popular one.

There is a rooted belief in the Medical and Nursing World that there is no hospital nursing to be done in a Convalescent Fever Hospital; in fact, I have heard it said with deep conviction that convalescent nurses are not nurses.

Those who make such a statement must be

entirely ignorant of the work of these nurses, for I have been many years in large Convalescent Fever Hospitals of seven hundred beds and over, and the longer I spend in this branch of nursing the more I am impressed with how varied the nurse's experience is in such Hospitals. Only those who work there know and realise that the best qualities of a nurse are essential for the satisfactory treatment of the patients.

Probably the general impression is that patients are well when transferred to a country hospital for the last few weeks of their treatment and that all they will do is to eat, sleep, and run about and play, finally departing to their homes in robust health. It is true that many do fulfil their mission in this respect, but others are not so fortunate, and a rough outline of the possible developments in a convalescent case will show how much is required of their nurses. In addition to those who are well and able to be out all day, but on whom the nurse must ever keep a skilled and watchful eye, there are those who have to be treated for minor ailments and the administration of Antitoxin is a daily occurrence. But the nursing does not end there, for there are—

(1) Unexpected cases of Tracheotomy, and minor operations of incision of gland and mastoid abscess;

(2) Those acutely ill, suffering from relapse of Scarlet Fever, Diphtheria, Chicken Pox, Measles, Post-Scarlatinal Diphtheria, and Post-Diphtheritic Scarlet Fever.

(3) Those suffering from complications of Scarlet Fever, such as Nephritis, Acute Rheumatism, Albuminuria.

It is in complications such as these that the high nursing qualities are required and the instruction is given by fully qualified officers. There is a Sister in charge of each ward who is a fully trained nurse.

It is obvious, therefore, that in convalescent work nurses must of all things be observant (no mean quality in any walk of life) for they have their attention divided between the quite convalescent, the semi-sick and those acutely ill. There is no opportunity here to sink into the quiet, easy-going routine which is the pitfall of many.

So much for the practical side of the nursing training, but theory is not neglected for all assistant nurses in the M.A.B. Hospitals have, as in other hospitals, to attend the following course of lectures:

(1) Anatomy and Physiology.

(2) The Theory and Practice of Nursing.

(3) Fever Nursing.

If nurses are successful in passing the examinations in these subjects and are otherwise suitable they are, after being on the staff for two years, promoted to the rank of Assistant Nurse Class 1, when they rank next to the Ward Sister and take charge during her absence.

But the nurse's training does not end here, for,

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