advise the nursing profession of the decision of the House, but in view of the publicity given to this question by nursing and other papers, I doubt whether there will be any Nurses who are unaware of the effect of last week's vote.

DR. CHAPPLE: Is the right hon. gentleman aware that the press has given very little publicity to the change affected by the decision of this House, last Wednesday, and that there are scores of Nurses who will be eligible under that decision who are ignorant of the fact that a change has been made; and will he take steps to see that these gives are made accurated with the decision? that these girls are made acquainted with the decision?

SIR H. CRAIK: Has the decision of the House any effect until the Department of the right hon. gentleman or the King in Council issues an Order pursuant to the decision?

MR. CHAMBERLAIN : The suggestion of the last question is correct. An Order has to be issued before the decision becomes operative. In regard to the first supplementary question, I think the papers that are most likely to have the information are the nursing papers. Those who did not see the notices last week, doubtless will see them this week.

DR. CHAPPLE: Will the 900 Nurses who already have been rejected have their applications made valid, so that if no further application comes from them before July 14th the application already made will be valid under the Act?

MR. CHAMBERLAIN: I should say their wiser course would be to put in a fresh application.

LIEUT.-COLONEL NALL: Is the right hon. gentleman aware that many members of the House have received a letter from the College of Nursing, repudiating the action of the hon. gentleman the member for Dumfries (Dr. Chapple) in moving the resolution he did the other night?

DR. CHAPPLE : On that, Mr. Speaker, may I -----. MR. SPEAKER : Mr. Gilbert I

REMARKS.

Apparently the Great Betrayal does not take effect until the King in Council issues an Order pursuant to the decision. So every Nurse who objects to it should send a card to that effect to the Clerk of the Council, Privy Council Office, Whitehall, London, S.W.1.

The College of Nursing, Ltd., may repudiate Dr. Chapple's action, but "they began it "—and having opened the flood-gates of sloppy sentiment in this conresponsed the noorgates of stoppy sentiment in this con-nection, it is little use to repudiate the primary responsibility for their agitation to depreciate the State Register, as proved by documentary evidence. Because their President was ineligible under the Rules, this breach of contract with the Profession, to make her eligible, is a scandalous betrayal of our status, rights and privileges.

The Speaker's action in preventing Dr. Chapple's explanation of Lieut.-Colonel Nall's accusation is to be deplored. But there is always a "Mr. Gilbert" to deplored. But there is always a "Mr. Gilbert" block criticism of College methods, in high places.

Opposition to Dr. Chapple's Prayer.

The National Council of Trained Nurses, the Royal British Nurses' Association, and the Registered Nurses' Parliamentary Council have all presented Petitions to the King in Council against the admission of untrained persons to the General Part of the Register, as provided by the new Rule 9 (1) (7) dia Dr. Chapple's modification of it.

APPOINTMENTS.

MATRON.

Cottage Hospital, Alderley Edge .---Miss F. M. Webber, S.R.N., has been appointed Matron. She was trained at the London Hospital, and has been Night Super-intendent at the West Suffolk Hospital, Bury St. Edmunds.

The Settlers' Hospital, Grahamstown, South Africa.---Miss Witchell has been appointed Matron. She was trained at the London Hospital, E., and is a Certified Midwife. She held senior appointments in the Terri-torial Force Nursing Service during the war, and is at present in charge of the Welfare Centre at Watford.

SISTER-TUTOR

Union Infirmary, Chester.—Miss Mary Winifred Hall has been appointed Sister-Tutor. She was trained at the Wingrove Hospital, Newcastle-on-Tyne, and has been Sister at the Union Hospital, Tynemouth.

NIGHT SISTER. Mercers' Hospital, Dublin.—Miss Kathleen Cooper has been appointed Night Sister. She was trained at St. Bartholomew's Hospital, Rochester, and has been Staff Nurse at the Queen Victoria Cottage Hospital, Tonbridge, Sister at the Guest Hospital, Dudley, and Night Sister at the Royal Infirmary, Bradford.

Right Sister at the Royal Albert Edward Infirmary, Bradiou. SISTER. Royal Albert Edward Infirmary, Wigan.—Miss C. B. Johnston has been appointed Sister. She was trained at the Haywood Hospital, Burslem, and the Victoria Park Hospital for Diseases of the Chest, and has been Sister at the Beckett Hospital, Barnsley, and at the Swansea General and Eye Hospital. She is a certified Midwide Midwife.

Miss Beatrice Parker has been appointed Sister in the same Institution, not at the Isolation Hospital, East Ham. She was trained at the Royal Southern Hospital, Liverpool.

RESIGNATION.

Miss Barry, who for twenty-one years has been Matron of the Huddersfield Royal Infirmary, is to retire on July roth, much to the regret of all her colleagues. She will be succeeded by Miss Parsons, Matron of the Victoria Hospital, Southend. Miss Barry has been presented by the nursing staff with an electric floor lawn, and old members of the staff have electric floor lamp, and old members of the staff have given to the Matron a cheval glass and a set of afternoon tea tables.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES, JUNE, 1923.

 ι . (a) At what temperature should a room be kept for nursing a child of two years old suffering from broncho-pneumonia? (b) Why is it necessary to keep up the temperature and yet have free ventilation? (c) No cot or small bed is at hand, what would you use to improvise one with a tent attached, for a small child?

2. What is meant by precipitate labour, and what are its dangers? If called in, what would you, as a district nurse, do? 3. What is the earliest symptom of cancer (a) of the

breast and (b) of the uterus, and what can a nurse do to prevent its becoming inoperable?

4. (a) How would you act if brought into contact with a case of child neglect in your district? (b) How would you deal with marked insanitary conditions?

5. What special equipment would you take with you for attending a case of measles? Give details of nursing to be carried out (a) for the prevention of complications for the patient, and (b) for the safety of other patients.



