

NURSING IN THE HOUSE OF COMMONS.

A GOOD BEGINNING.
NURSES' REGISTRATION.

DR. CHAPPLE, in the House of Commons, on February 20th, asked the Minister of Health whether he is aware that applicants for registration under the Nurses' Registration Act, 1919, amended by a Rule passed in July, 1923, have been rejected on the ground that their applications should have been lodged before July 14th, 1923; and whether he will take the opinion of the Law Officers of the Crown as to the legality of this action of the General Nursing Council?

MR. WHEATLEY: I am advised that the Council have no power to admit applications for registration as existing Nurses after July 14th, 1923, and I see no necessity for consulting the Law Officers of the Crown.

DR. CHAPPLE asked the Minister of Health whether he has evidence that many Hospital-trained Nurses have failed to register under the Nurses' Registration Act, 1919, because of neglect to send in applications within the period prescribed by the Act; and, if so, will he consider an amending Bill extending this period?

MR. WHEATLEY: There is no evidence that any appreciable number of Trained Nurses who desired to be registered failed to apply during the two years' period allowed by the Act; and I see no necessity for amending legislation.

For the first time since the departure of Dr. Addison we have apparently at the Ministry of Health a man not to be cajoled by the social influence of the College of Nursing, Ltd., whose spokesman, Dr. Chapple, was, in the agitation to degrade the State Register of Nurses by flooding the General Part with untrained exploiters of the sick, women rigorously excluded from the rival Register run by the College. We commend the straight manner in which Mr. Wheatley dealt with Dr. Chapple—no evasion about it.

MINISTRY OF HEALTH TO THE RESCUE.

The Ministry of Health make the following announcement:—"The Government have considered the position in regard to the public health services (maternity and child-welfare, tuberculosis, venereal diseases, welfare of the blind and port sanitation) which are directly aided by grants from the Exchequer, and have decided that the time has arrived for removing the present restrictions on grants for the development of these services. The Minister has accordingly issued a circular to local authorities informing them that he will be prepared, with the approval of Parliament, to make grants on the prescribed basis for such further development of these schemes as is considered advisable by the authorities and is within their existing powers, subject to the ordinary process of approval of particular proposals by the Ministry.

Mr. Wheatley announced Royal Commission is to be set up to consider National Health Insurance.

SYMPATHY WITH MISS CHILD.

The many friends of Miss J. C. Child, S.R.N., in all parts of the world, will learn with sorrow of the serious accident which has befallen her. Miss Child, who now lives at Chattan, Ditchling, was knocked down by a cyclist in the Lewes Road, and sustained serious injuries to her head which have given cause for great anxiety. She suffered badly from shock and was at first unable to give any clear account of the accident or even to give her address. We are glad to know that she is now gradually recovering, and her friends will sincerely wish for her complete restoration to health.

PRACTICAL POINTS.

A closet with bed pan cleaning attachment is that embodied in the new style long bowl water closet with

integral lugs for supporting the bed pan in upright position. The fourfoot armoured rubber hose is hung on the wall behind. This method of bed pan cleaning does away with the old principle of having to turn the bed pan over on the closet and then being sprayed by a fixed jet in the bottom of the closet. With this method the pan is placed in the closet until thoroughly cleansed by the hand spray which is flexible, thus making it possible to clean all sides of the pan thoroughly.—*The Modern Hospital.*



BED PAN CLEANING DEVICE.

THE VALUE OF WARMTH IN THE TREATMENT OF MEASLES.

All children are expected to have measles, and it is often thought a good thing to "get over," in the same way as being christened or vaccinated. But is it such a simple thing? If so, why do we hear of so many deaths, and complications following it? Is it because the sufferers have not received proper care? In many instances loss of life and complications can be prevented by careful nursing. As some nurses never see a case of measles during their training, I think an experience I had some years ago may be of interest and use to them.

I was responsible for the nursing of 24 boys, between the ages of 10 and 13, in one of our public schools. Several were foreigners from hot climates, and delicate. We knew we were in for a "fight," as they were suffering from influenza at the time.

The doctor gave strict orders that the temperature of the rooms was to be kept at 70 deg., and on no consideration was it to sink lower than 65 deg. day or night. The boys were sent to bed when the first symptoms showed (sneezing, running of eyes and nose, headache, and rise of temperature). At the first appearance of the rash a bath at 105 deg. was given in front of a fire, with a blanket over the bath secured round the child's neck. The pulse was carefully watched, and if he showed signs of exhaustion, he was taken out immediately, and if necessary was given a little stimulant. If all right he remained ten minutes, and was then wrapped in hot towels and a blanket and put back into bed. The rash usually came out quickly and thoroughly, the restlessness passed, and the child feeling comfortable was able to sleep. Later he was taken out of the towels, and warm bed clothing and a flannel jacket put on. Plenty of hot drinks and a light diet given. With this treatment none of the patients developed throat or chest trouble or otorrhoea. A few suffered from weakness of the eyes, which was alleviated by bathing with boric lotion and keeping the light well shaded from their eyes.

J. H.

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