that provision should be made to ensure that the service shall not be deprived of those nurses who may have a real gift for nursing but are unable to pass the examinations now prescribed.

(7) That the nursing staffs should be maintained at sufficient strength to ensure that undue strain is not placed upon individual nurses.

(8) That the present arrangements for the classification of newly admitted patients require considerable improvement.

(9) That for the future, mental hospitals should be designed to accommodate not more than 1,000 patients and that the villa system should be adopted.

(10) That the lavatory and bathing arrangements should be the subject of further regulation.

(11) That extended facilities for occupation and amusement should be provided; and that the appointment of an occupations officer should receive consideration.

(12) That all accommodation where rate-aided insane patients are detained should be under the local authority.

(13) That the routine meals provided in institutions should include a light supper.

(14) That local authorities should be empowered with the approval of the Board of Control to undertake and assist research work.

IV. Private Institutions.

(1) Some of the Commission recommend that licensed houses should be abolished as soon as alternative accommodation could be provided either by registered hospitals or by local authorities, and that a duty might be imposed on local authorities to provide accommodation for private patients.

(2) The other members of the Commission recommend that licensed houses should continue to be recognised but should be placed on a new footing under conditions which include stricter administrative and financial supervision, and the conferment of powers on the Board of Control to issue new licences.

(3) The Commission recommend that the financial administration of registered hospitals should be brought under the closer observation of the central authorities.

V. Local and Central Authorities.

(1) That the county councils and county borough councils should be made responsible for providing accommodation and maintaining therein all persons who through mental disability require to be detained under care at the public expense; and that the cost of maintenance should be transferred from the Poor Rate to the County or Borough Rate.

(2) That local authorities should have a duty to provide special accommodation for new cases.

(3) That in view of the additional powers and duties proposed for local authorities, an Exchequer grant in aid should be provided for the lunacy service; and that it should be available under conditions which will ensure effective supervision by the Board of Control.

(4) That at least two members of every visiting committee should be women, and that local authorities should be empowered to co-opt on visiting committees a limited number of persons who are not members of the local authority.

(5) That the Master's office should be more regularly apprised of property in the hands of persons detained under care and that suitable arrangements should be made for dealing with small estates.

(6) That the Board of Control should remain a separate organization, subject to general control in matters of policy by the Minister of Health, who is answerable to Parliament.

(7) That the Board of Control should supervise the new services for the treatment of incipient cases without certification.

(8) That the Board should have power to require additions or alterations to rules governing the domestic management of mental institutions.

(9) That the Board should be re-organized so as to consist of a small Board of 4 or 5 persons to control the administration at headquarters; that they should be assisted by a visiting staff of Assistant Commissioners; and that the administrative staff should be strengthened.

DEATH BY MISADVENTURE.

A terrible mistake resulting in the death of a patient at the Birmingham General Hospital, which was the subject of an enquiry by the Birmingham City Coroner on August 24th, points the lesson which should always be, and we believe usually is, instilled into nurses from the beginning of their careers as probationers, never to administer a medicine, or to use a drug without reading the label on the bottle. If this rule, which should be inviolable, were observed accidents resulting from wrong administration of drugs would be rare indeed.

The death of the patient who was suffering from a malignant disease of the throat, occurred during an operation.

The surgeon, Dr. Stirk Adams, in evidence said, in reply to the Coroner, that he had told the Sister what anæsthetic he required—a two per cent. novocaine solution. He wanted to stop the pain in the neck. The Sister handed him a syringe full of a solution. He made an injection into five areas, and at the fifth the patient began to feel a sensation in the head and hands. He stopped, knowing that this was not a normal development with the solution. The patient then began to talk rapidly, though quite sensibly, and became incoherent. Then she had a severe fit, lasting about half a minute. This was followed by a second fit, and he realised something had happened. He asked the Sister if the novocaine was all right, and she held up a small bottle which was labelled 20 per cent. hydrochlorate. He took steps at once to restore the patient and detailed the means taken to this end, including cardiac massage. The heart was restored, but after fifteen minutes stopped once more.

The Sister, Miss Florence Inglis, corroborated the evidence given by the surgeon.

In reply to the Coroner who said these two bottles were in her care, the labels of which looked very much the same, and asked whether they were side by side, the Sister replied that they were. The particular bottle from which the solution was taken was brought out from the dispensary on the previous day.

The Coroner said it was a very sad case. The poor lady who had died, had only a moderate chance of future life, but she was entitled to all that nature could give her. The question for them as a jury was one of gravity, and in his opinion they could not find any verdict other than one of misadventure. The Sister took the solution out of the wrong bottle, and she admitted it. It was tragic, but that was the fact, though there was no question of foolhardiness or recklessness.

The foreman of the jury in announcing the verdict said, "The jury's verdict is 'Death by misadventure,' but they think that much more care should have been exercised by the dispenser and the Sister. They feel very strongly on this point."

The tragedy, and the verdict which was based on the evidence, will, we are sure, be matter for self-reproach and life-long regret to the Sister concerned.

It is time a much more careful system of keeping, handling, and checking the use of dangerous drugs was made obligatory in hospitals and such institutions. If it were a rule that more than one person should check them before use, many accidents would be prevented, and no one person be entrusted with such serious responsibility. We all know how, even with care, powers of observation may be in abeyance when the human mechanism is overstrained.

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