

the national feeling, and gave it fine expression :

"The King is dead, on the dawn of the anniversary of his accession to the throne. At a time when the country, which the King had saved, regarded him with affection and redoubled respect, and counted more than ever upon his imperturbability and his wise ruling in the midst of the perils of the hour, an appalling accident has robbed Belgium of the leader of whom she was so proud.

"The country has lost a guide, a prop, and an incomparable servant, who protected his country and, during the war, thought of nothing but the peace and welfare of his subjects.

"King Albert the First was a statesman and a soldier. Belgium addresses to her Majesty the Queen homage and sympathy in her great loss."

Kings and Princes, Rulers and Statesmen, sailors, soldiers and airmen and a distinguished congregation attended the great service in the Church of St. Gudule in Brussels, which preceded the burial of King Albert in the Royal vaults of the church in the grounds of the Palace of Laeken amid every evidence of the unbounded affection of his people and the admiration of the world.

In Westminster Abbey the King and Queen attended the Memorial Service, when, "assembled in the place where our Kings and Queens are crowned and where are treasured the memorials of Great Britain's illustrious sons," the great congregation remembered before God "the steadfast life and high example of Albert, King of the Belgians."

DONATIONS TO THE FLORENCE NIGHTINGALE SCHOLARSHIPS FUND.

The following Donations have been received with gratitude since our last issue in support of the Florence Nightingale Scholarships Fund Appeal of the National Council of Nurses of Great Britain.

	£	s.	d.
The Central Middlesex Hospital Nurses' League	5	5	0
Miss M. Thurstan, Rome... ..	0	10	6
	<u>£5</u>	<u>15</u>	<u>6</u>

DANISH NURSES AND THE FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION.

Mrs. M. Koch, President of the Danish Council of Nurses, sends us the good news that the Council formed a National Florence Nightingale Memorial Committee last month. The Committee consists of three members so far: Mrs. M. Koch, who acts as Chair, Miss Eli Magnussen, Director, School of Nursing at the University Hospital of Denmark (Rigs Hospital), Advisory Member of the Danish Board of Health, and Miss Inge Funding, Matron of the Bispebjerg Hospital.

The Committee hopes to interest Government and Municipal, as well as private agencies, concerning the aims of the Foundation. The Danish Council of Nurses has most generously sent 1,000 kroner (£44 12s. 10d.) as an endowment gift to the Foundation, and intends to make every effort to raise money, and thus make scholarships for Danish nurses possible.

VITAMINS.

BY MISS ISABEL MACDONALD, S.R.N., F.B.C.N.

(Continued from page 32.)

Vitamin D was at first supposed to be identical with vitamin A, but later it was found to be a factor distinct in itself, although it is present in very much the same foodstuffs as those which supply vitamin A. It is more resistant to oxidation than the latter and it can be produced by the irradiation of ergosterol by ultra-violet light. Ultra-violet light is present in the sunlight but can be produced artificially. Thus irradiation is produced by subjecting a food to rays from a quartz mercury vapour lamp; very expert knowledge is required of the person who is responsible for carrying out the process, otherwise deterioration in the food may result by rendering it less palatable and perhaps destroying vitamin A. Vitamin D itself can be destroyed by too prolonged irradiation, but it can withstand processes of drying, heating, preserving and milling better than other vitamins. Ordinary glass does not transmit ultra-violet rays, which are short and do not go through it, hence the value of widely open windows; admittedly glass windows formed of quartz will transmit the rays, but these are expensive, although some cheaper substitutes are obtainable. The point of the foregoing remarks lies in the fact that we can create our own vitamin D. The ultra-violet rays in the sunlight (or such rays artificially produced) acts upon the ergosterol in the skin and produces vitamin D.

Vitamin D is especially important to young children, for it is the chief means upon which we rely for the prevention and cure of rickets; by its action it maintains normal calcification of bones and teeth. It is to be borne in mind that a very much larger proportion of children suffer from rickets than is generally recognised; there are many slight cases that remain undetected although, on the other hand, some slight abnormalities in the bony system have at times been ascribed to rickets when they may have merely resulted from mal-postures. Cases of rickets do not necessarily arise from underfeeding but often enough from faulty dieting in other respects. There may be a deficiency of mineral salts in a child's food to start with, and, in this connection, it is well to remember that it is not sufficient, in considering a child's dietary, to satisfy oneself that the calcium and phosphates are present in food; they must be present in certain proportions, for any excess of these mineral substances may be responsible for abnormal calcification. Too much carbohydrate in the food is, as is well known, a predisposing cause of rickets. The main cause, however, from the point of view of an article like this is a deficiency of vitamin D or, as it is sometimes called, the anti-rachitic vitamin. Without it, as has already been indicated, the calcium and phosphates in food cannot be properly utilised, and hence the necessity for providing in the daily dietary foods that contain this anti-rachitic vitamin. It is to be realised that adults can develop a condition very similar in character to rickets in children; this condition is termed osteomalacia (softness of bone). In this illness the bones become deficient in lime salts and all sorts of deformities may result

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