

National Nursing Association was inaugurated in 1875 by the Order of St. John of Jerusalem and was the first to give special training to hospital nurses in order to fit them for district work.

When Queen Victoria's Jubilee Institute for Nurses was founded in 1887, a provisional committee was formed and it was decided:

(a) To train nurses in district work in order to supply affiliated Nursing Associations with thoroughly equipped workers.

(b) To supervise them afterwards.

(c) To adopt the Metropolitan and National Nursing Association as the Central Training Home and the nucleus of District Nursing throughout the United Kingdom.

On these lines and with this aim, the Queen's Institute of District Nursing was incorporated in 1889 as Queen Victoria's Jubilee Institute for Nurses.

The Queen's Institute co-operates with Public Authorities which utilise their powers to make grants to Nursing Associations. It also undertakes the nursing of certain notifiable diseases by nurses not practising midwifery. Grants are also given by Public Assistance Committees for the nursing of necessitous persons and by Approved Societies for the nursing of insured persons.

The Survey

A rough estimate as to how far the population in England and Wales had been provided with a district nursing service was made in 1926, and it was found that, on a basis of one nurse for 10,000 of the population, nursing was provided for about 75 per cent. of the population.

Since then, we are told, that the experience of the Institute has proved that for satisfactory nursing service there is more work among a population of 10,000 of an industrial nature than one nurse can undertake, there is an increasing demand for trained home nursing care on the part of the medical profession, the Local Authorities, and the people themselves, so that this figure must be reduced. The present Survey was made in 1934, and recommends:—

Group I.—One nurse per 3,000 population where their branches are combined with public health duties such as health visiting, school nursing, tuberculosis visiting, etc.

Group II.—One nurse per 5,000–6,000 population where midwifery is combined with general nursing.

Group III.—One nurse per 7,000–9,000 population if undertaking general nursing only.

The Survey, we are told, was undertaken with the idea of presenting to the public, as accurately as possible, a statement of the position, in the hope that this knowledge will prove a stimulus to all concerned in the effort to provide the country with an adequate, efficient and comprehensive District Nursing Service in every town, village and hamlet in England and Wales. It represents an immense amount of intensive work, and gives (1) A general survey; (2) An Outline of the Service provided in the Administrative Counties; (3) Service provided in the County Boroughs; (4) Service provided in the Metropolitan Boroughs, and an Analysis of approximate income and expenditure and costs per nurse. The cost of the Survey, obtainable from the Queen's Institute, 57, Lower Belgrave Street, is 2s. 6d.

We hope that the Institute and the public will not rest satisfied until the qualification required of all nurses undertaking district nursing under its supervision, is that of State Registered Nurse as is already requisite in the case of State Certified Midwives.

LEGACIES TO NURSES.

Mr. William Park Lyle, of Chelsea, S.W., left £100 each to his former nurse, Helen Clara Taylor, and his nurse, Margaret Jessie Bell.

Mr. Ernst Gabriel Goldschmidt, Kensington, W., left to his nurse, Miss L. E. Cherriman, £50, or £25 for each complete year of attendance.

PUBLIC HEALTH.

PNEUMONIA.

The Ministry of Health has recently issued to County Councils, Sanitary Authorities, Joint Hospital Boards and Isolation Hospital Committees (England) a Memorandum on Pneumonia signed by Dr. Arthur Macnalty, Chief Medical Officer of the Department. The last Memorandum on Pneumonia was issued by the Local Government Board in January, 1919, at the time of the initiation of the system of compulsory notification of acute primary pneumonia, and acute influenzal pneumonia, and the present Memorandum is a revision of this in the light of present-day knowledge. We publish the following extracts from the Memorandum:

MEMORANDUM.

"Pneumonia as a cause of national mortality has long been a matter of grave concern to public health authorities, and its importance is particularly emphasised in time of epidemics, especially of influenza, when it exacts heavy toll as a secondary complication.

"In 1934 pneumonia in its various forms was responsible for 28,623 deaths in England and Wales, the equivalent of 707 deaths per million of population. But in years when influenza is very prevalent the mortality may reach much higher levels; thus in 1929 there were in each million of population 1,107 deaths from pneumonia without mention of influenza, in addition to 359 deaths from influenza with pneumonic complications."

Classification of Pneumonia.

"Acute pneumonia may be defined as a febrile disease characterised by inflammation of the lungs, and due to one or more specific micro-organisms. Two forms of the disease are generally recognised:—

(a) Acute lobar pneumonia (formerly called croupous pneumonia).

(b) Acute broncho-pneumonia (sometimes referred to as lobular pneumonia); but clinical differentiation at the present day is less sharp than formerly.

"Either of these may be either primary or secondary to some other recognised disease.

Bacteriology.

"The chief ætiological factor in lobar pneumonia and the primary broncho-pneumonia of children is the presence of the pneumococcus of Fraenkel. In secondary broncho-pneumonia various organisms are implicated either singly or in association—*Str. pyogenes*, pneumococcus and *B. influenzae*, more rarely staphylococci and *B. pneumoniae* Friedlander.

"Outside the human body, the pneumococcus has been found in the dust of rooms occupied by patients or carriers and on their handkerchiefs and eating utensils. The viability of the pneumococcus under such conditions depends on the degree of drying to which it has been subjected and on the presence or absence of sunlight. Exposed dry to direct sunlight the pneumococcus survives only a few hours. In diffuse daylight in the dark and protected by sputum it may survive for several weeks.

Predisposing Causes.

"The influence of season is unmistakable, but probably in great part indirect by producing conditions which favour the spread of disease, of the respiratory organs—crowding, closed doors and windows, and lack of free ventilation. About one half of the deaths from pneumonia occur during the first four months of the year.

"The most active predisposing cause of pneumonia, however, is an attack of one of the infectious fevers and particularly measles, whooping cough, or influenza.

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