

It was suggested that the day after the Annual Meeting of the Grand Council in November might be a suitable date upon which to hold the Conference.

It was agreed that the next meeting of the Conference Sub-Committee be held on Friday, July 8th, at 3.30 p.m. to receive suggestions for discussion sent in by constituent associations to be placed upon the Agenda for the Conference.

The question of finance and place of meeting will be considered at a future meeting. When it is realised that there are now 47 organisations federated in the National Council with an approximate membership of fifty-three thousand members, it will be realised that some system must be defined through which it will be possible for every organization to be represented, without swamping minorities.

NATIONAL COUNCIL OF NURSES OF GREAT BRITAIN.

Donations to the Florence Nightingale Scholarship Fund.

	£	s.	d.
In hand 1937	91	1	9
Already acknowledged	86	5	0
Nightingale Fellowship	25	0	0
Glasgow Royal Mental Hospital. The Nursing Staff	10	10	0
Kent County Mental Hospital, Maidstone, Nurses' League	7	10	0
Subscribed on May 12th as a Thank Offering to commemorate the 118th anniversary of the birth of the late Miss Florence Nightingale, from the Nursing Staff of the Kent County Mental Hospital, Maidstone	2	10	0
The Bond of the Tenders in the House of the Sick	3	15	0
Fulham Hospital Staff (both Trained Nurses and Probationers in training)	5	5	0
Queen's Hospital, Birmingham, Nurses' League	5	5	0
The Nursing Staff, St. Bartholomew's Hospital, May 12th, Florence Nightingale Day... ..	3	3	0
Royal Hampshire County Hospital, Winchester (the result of the collections in the Hospital Chapel on May 15th)	1	3	3
Middlesex Hospital Nurses' League	5	5	0
The Nurses' League Royal Alexandra Infirmary Paisley	2	2	0
St. George-in-the East Hospital President and Members of the Nurses' Sports and Social Club	1	1	0
Mrs. M. Lampard, F.B.C.N., Baghdad	0	10	0
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	£250	6	0

**THE COLLEGE OF NURSING.
A Roll of Sister Tutors.**

The College of Nursing has established a Roll of Sister Tutors. This action has been taken upon the initiative of the Sister Tutors' Section, who are of opinion that the qualifications of teachers in Schools of Nursing are not adequate in all cases. Qualifications as defined are high, so that the list of those qualified is restrictive; but during a period of grace a Sister Tutor, although possessing none of the qualifications, shall be eligible for enrolment provided she has held a full-time Sister Tutor's post for at least two years. The enrolment fee is 7s. 6d., for which a certificate of enrolment setting out qualifications will be awarded.

Fees and Conditions of Service for Private Nurses.

The College of Nursing has also issued revised recommendations for the use of trained Nurses engaged in private work and visiting work, and for the guidance of Nursing Co-operations or Institutions.

Hard and fast rules concerning work and fees are somewhat difficult to enforce throughout the country, and care must be taken not to restrict initiative.

NURSES' ORGANISATIONS.

LEAGUE OF FEVER NURSES' ANNUAL MEETING.

On Saturday, May 7th, a very successful meeting of the League of Fever Nurses was held at Colindale Hospital, Hendon, by the kind permission of the Medical Officer of Health and the Matron-in-Chief of the London County Council, and the Chairman of the Hospital.

The Members of the Association were most kindly welcomed by the Matron, Miss W. P. Solomon, R.R.C.

There was an excellent attendance, and the meeting was held in the spacious new Nurses' Class Room.

The President, Miss Solomon, was in the Chair, and on rising expressed her deep regret that the Hon. Secretary, Miss J. T. Ruddy, was unavoidably absent owing to illness, and felt sure that all present would wish that a letter of sympathy be sent to her. Many enquiries were made for Miss Drakard, a pioneer of the Association who was also unavoidably absent.

The Secretary's Report showed good progress during the year.

The Committee decided to take no action this year concerning a contribution to the Florence Nightingale Scholarships Fund.

Among the subjects for discussion was the question of the minimum age of nurses who enter for the Final Fever State Examination.

The Members agreed unanimously that a letter be sent to the General Nursing Council for England and Wales strongly urging that when nurses have completed two years Fever training they may sit for the final State Fever Examination at the age of 19, instead of 20 as now, and not go in to the State Register until they have reached the age of 20.

The question was raised concerning the present system by which staff salaries are estimated, *i.e.*, on the number of beds, which reacts unfavourably on the smaller hospitals. On this matter it was agreed to await the Report of the Inter-Departmental Committee on Nursing Services before taking any action.

At the close of the meeting Miss McLoughlin proposed a warm vote of thanks to the management for the privilege of meeting at Colindale Hospital.

Then followed a most interesting talk given by Dr. Lionel E. Houghton, Medical Superintendent, on the Modern Treatment of Pulmonary Tuberculosis, demonstrated with X-ray plates and a remarkable chest model.

Advances in the Treatment of Pulmonary Tuberculosis.

Dr. Houghton said: " There is still no known specific remedy for pulmonary tuberculosis, and the basis of all treatment is therefore the encouragement of the patient's own powers of resistance. This is accomplished by placing the patient in a suitable environment in a hospital or sanatorium and carefully supervising his routine life until resistance has been established. Often, however, he is left with seriously damaged lungs which harbour infection and constitute a danger to himself and perhaps to those with whom he comes in contact on leaving the sanatorium. It is in the control of diseased areas of lung by various major and minor surgical procedures, that the treatment of tuberculosis has made definite advances in recent years.

" The simplest and on the whole the most effective method of controlling diseased areas of lung and promoting healing is, of course, artificial pneumothorax. This consists in introducing air between the layers of the pleura and collapsing the lung partially or completely. The best results are obtained when the disease is confined to one lung, but bilateral artificial pneumothorax is sometimes

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