which delivered the contents in single drops *via* a second length of tubing to a glass coil placed in a Thermos flask; a final length of rubber tubing led from the flask to the needle which was inserted into the patient's vein. Serum poured into the container became heated during its passage through the coiled tube in the Thermos flask; a 10 per cent. solution of glucose was also given through the drip apparatus at the same operation. The chief advantages of this technique were that large quantities of serum could be given along with saline, glucose, etc., and a warmed serum given very slowly was less likely to be associated with the shock which was sometimes met with when the older methods were employed. The results of treatment were very good, and a similar technique had also proved to be of great value in the serum treatment of cerebro-spinal meningitis where intravenous therapy had to a large extent replaced the older method of intrathecal injection. Scarlet fever cases rarely required intravenous serum, but when they did the line of treatment was similar; intramuscular injection of 40 c.c. of serum was the routine at the S.E. Hospital. This amount was considerably in excess of the usually accepted dosage and, as an experiment, all cases during 1937 were given a smaller dosage. Though the results were better than those obtained in untreated cases, the smaller dosage was found to be much inferior to the larger one, and the nursing staff were very pleased to see a resumption of the larger dosage; the almost entire absence of complications makes a very great difference in the work of a ward.

The great disadvantage of intensive intramuscular injection was the discomfort occasioned by the insertion into the muscle of a large bulk of serum, and the increased probability of a serum reaction was another point to be considered. Fortunately these objections had recently been overcome, as a serum containing the same unit value in something like one-tenth of the present bulk had recently been introduced. This meant that the former quantity of 40 c.c. could now be replaced by a concentrated product with a dosage of only 4 c.c. A similar concentration was also produced for diphtheria; it marked a tremendous advance in the serum treatment of fevers. All processes for the concentration of serum aimed at the elimination of the albumin fraction of the serum and the retention of the globulin fraction which was known to contain the actual antitoxin. The albumin content was responsible for serum reactions and the usual concentration method was to precipitate the globulins by ammonium sulphate; the most recent method was "protein digestion" of the unwanted albumin. The result was a product which contained antibodies but very little of the element occasioning serum reactions.

Another noteworthy introduction was the *rapid culture* method of identifying diphtheria bacilli in suspected cases. The principle consisted of the use of a swab which had the end impregnated with horse serum and was not new, as various workers had experimented with it since 1902. The latest production, however, was more reliable, and four hours after the swab had been smeared with the suspected material it could be rubbed on a slide and stained for diphtheria organisms. The use of the incubator was not essential as excellent results could be obtained by carrying the swab tube in the doctor's pocket. Its disadvantage was the fact that examination had to be done after four hours; it could not be left overnight. Dr. Ronaldson also showed some photographs of interesting conditions, viz., *morbilli bullosi*, a form of measles in which the eruption consisted largely of bullæ; *erythema circinatum*, a form of serum rash which had become rather uncommon since more concentrated sera had been generally adopted; and some prints of various types of facial paralysis in diphtheria.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

A Meeting of the General Nursing Council for England and Wales was held at the offices of the Council, 23, Portland Place, London, W, on May 27th. The Chairman, Miss E. M. Musson, C.B.E., R.R.C., LL.D., presided.

Correspondence.

The following letter addressed to the Chairman and Members of the General Nursing Council for England and Wales, from the British College of Nurses, was printed on the Agenda and reported, and it was agreed that its receipt be noted.

THE DIVISION OF THE PRELIMINARY STATE EXAMINATION.

May 10th, 1938.

To the Chairman and Members of the General Nursing Council for England and Wales.

LADIES AND GENTLEMEN,

At the meeting of the Council of the British College of Nurses, held at 39, Portland Place, London, W., on April 23rd, the Secretary reported the Resolution, in favour of the Division of the Preliminary State Examination into two parts, passed by the General Nursing Council for England and Wales at its meeting on March 25th, proposed by Miss Helen Dey, O.B.E., R.R.C., and seconded by Dr. A. Geoffrey Evans.

The Council of the British College of Nurses expressed deep regret that, by the solid vote of the medical and lay members of the General Nursing Council, and a minority of the elected Nurse Representatives had been able to carry this dangerous and retrograde proposal which two previous Councils, for good and sufficient reasons, have rejected.

My Council were in agreement with the view expressed by the Chairman of the General Nursing Council that the Division of the Preliminary Examination would mean the divorce of anatomy, physiology and hygiene from the practical training of the nurse; and, further, the danger of other bodies wishing to deprive the General Nursing Council of the right of examination.

In the opinion of the Council of the British College of Nurses that danger is a very real one, and by passing this Resolution the General Nursing Council has taken the first step in breaking down the one portal system of entrance to the Nursing Profession insisted upon with such tenacity by its promoters when the Nurses' Registration Bill was before Parliament.

The Council was further of opinion that it was a fundamental mistake of the deepest import and gravity to place the primary selection of potential student nurses in the hands of the teaching profession. Headmistresses have no practical knowledge of the personal qualities necessary in candidates for the Nursing Profession, and this point is likely to be productive of much difficulty for Matrons of Hospitals and of friction for their Committees, for if a Matron ventures to turn down a candidate who has passed Part I. of the Preliminary Examination of the General Nursing Council, after undergoing a Scholastic Course of two years, would not disappointed parents be likely to complain of her action to the Committee of Management of the hospital? At the present time the initial selection of probationers is in the hands of Matrons, who, from practical knowledge, are able to judge whether an applicant is likely to possess the qualities which, in addition to theoretical knowledge, will make her suitable for training, and acceptable to sick persons.

Lastly, who will bear the expense of the proposed courses? The Council noted that Miss Gwatkin suggested that Local Educational Authorities might award scholar-

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