

this matter is a violation of personal liberty which should be resisted in Court if needs be.

What are we fighting for, anyway?

Or is our demand for liberty an empty pose?

There are more deadly things than bombs, and enslavement is one of them.

HEALTH SERVICES FOR EVACUATED CHILDREN AND OTHERS.

The Minister of Health, in a circular issued to local authorities, emphasises the importance of extending existing public health services in receiving areas to cover the needs of school children and others who have been evacuated under the official scheme. As this is impossible in most cases without additional staff, he urges the evacuating authorities to give the utmost possible assistance by releasing such staff—for instance, medical officers, school dentists, nurses, midwives and health visitors—as may be practicable, at least as a temporary measure. Where an arrangement of this kind cannot be made and additional staff has to be engaged to cope with the needs of the evacuated population, the cost will not fall on the receiving authority.

The circular deals in detail with medical arrangements for school children, maternity and child welfare services and additional hospital accommodation for infectious diseases. Special mention is made of the importance of ensuring that arrangements already in force in receiving areas for the provision of cheap milk and meals for expectant and nursing mothers and young children, should be available for the evacuated population.

Hostels, Sick Bays and Nurseries.

Special arrangements of a residential nature are suggested for dealing with particular classes of children or mothers whom it has been found difficult to billet with a householder in the ordinary way.

One suggestion is that "sick bay" accommodation might be provided in separate houses for children suffering from minor ailments or convalescent from more serious illnesses, who cannot be properly cared for in private houses. A trained nurse should be in attendance, and children should be visited regularly by a medical practitioner.

In many areas difficulty has been found in providing suitable billets for women before admission to, or discharge from, an emergency maternity home. The Minister suggests that to meet such cases local authorities should consider establishing mothers' hostels within easy reach of the maternity homes.

Accommodation of hostel type—in an empty house or other suitable premises—with a staff experienced in child guidance methods is also desirable for "problem children" who are unacceptable in ordinary billets.

In many cases it may be necessary to provide short-stay nurseries for young children who have to be temporarily separated from their mothers during the mother's illness or confinement. These nurseries should be properly staffed and be in charge of a Matron qualified as a State Registered Nurse. The Minister also suggests in the circular that there will be a need for long-term residential nurseries for young children separated from their mothers for longer periods, and even for day nurseries in certain of the more populous areas. Detailed advice is given on the size, staffing, equipment and management of these nurseries.

Such a scheme would take years, to say nothing of costing millions to carry out. We note, however, that the Registered Nurse is recognised for once!

WAR TIME MIXED BAG.

At the outset, the organisation of the nursing resources for the care of the casualties of this war presents an even more mixed bag than that of the Great War of 1914 to 1918.

To start with, we may consider the physiological side of things. The greater facilities for travel have enabled us to know both allied and enemy nations far better than the last war. Most of us, men and women, are less "tongue tied" in connection with languages other than our own. We have learned the joy of living or staying in other countries, and it has rubbed out some of our insularity and helped us to adjust our proportions and perhaps made the hurt and horror of war and its results more alive in us than ever before.

Then, too, the present war and its issue will be determined on wider lines and at a different valuation than those of any other war in history.

Professionally, many of us who did service and bore the strain of eighteen-hour days during the last war will be considered too old to do active service now. In many cases, a misapprehension!

Then the "First Aid" posts established all over the country present something entirely new in hospital equipment. It is small wonder that many of our young nursing auxiliaries are dismayed at the sight of scalpels, artery groups, Thomas's splints, amputation saws and such things.

And what of the nursing auxiliary herself?

For the most part, she is most anxious to be taught, to be equipped to be really useful, and to do the bidding of the nursing sister. She is naturally dismayed at the thought that she might be expected to stop a severe hæmorrhage, to apply a splint of which she has little or no experience; but she hopes this may never be her lot. She is usually quite free from personal fear, is willing and anxious to work, and can keep cheerful. If she is helped to realise that she is just a "help," all may be well.

And the Nursing Sister! Oh, if in charge of a first aid post, her work calls for infinite patience.

She must instruct the young helpers in their duties again and again, if they are to be helpful in a crisis such as the casualties of an air raid is bound to give.

We are members of the great profession of nursing, of which Great Britain is justly proud of being "the cradle."

We shall all do our bit. But please, could our dear President raise a 1939 French Flag Nursing Corps!

A.P., F.B.C.N.

PUSH AND PERSONAL INFLUENCE.

Already we learn from the Press that these "Auxiliaries" are being sent to France to help "nurse" our soldiers. It is to be hoped that the trained staff who they are to "assist" will very determinedly assign them to domestic duties, where their inexperience will not subject our defenders to risks of mishandling when sick or wounded. The patriotic devotion of highly-skilled nurses can and should provide for the nursing of every member of the defence forces who requires it—and it is to be hoped that the repetition of sending "Auxiliaries" and "First Aids" to the front, whilst hundreds of Registered Territorials are kept at home—as in the Great War—will be determinedly discouraged. Push and personal influence should not be tolerated when life and death may be at stake.

We know from our experience as Superintendent of Nursing of the French Flag Nursing Corps, composed entirely of State Registered Nurses in the Great War, that there is no duty of the most menial nature, performed under the most primitive conditions, that they will not gladly perform for the welfare of their patients. Thus at the termination of the Great War we had it in writing as the opinion of the then French Minister for War, that "The members of the French Flag Nursing Corps were the best nurses sent out of England to nurse the French soldiers."

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