

of warden and assistant warden and members of the nursing profession holding the requisite qualifications were eligible as candidates for appointment.

I may add that one of the recommendations of the Inter-Departmental Committee on Nursing Services appointed by the Minister of Health and the President of the Board of Education in 1937 was that nurses' homes should be conducted as hostels, and that carefully selected women officers, not necessarily nurses, should be placed in charge.

I am, Madam,
Your obedient servant,
E. C. H. SALMON,
Clerk of the Council.

Mrs. BEDFORD FENWICK, S.R.N., F.B.C.N.,
19, Queen's Gate, S.W.7.

THE BRITISH JOURNAL OF NURSING,
18, Queen's Gate, London, S.W.7.
August 30th, 1940.

To the Clerk to the Council,
The London County Council,
The County Hall, S.E.1.

SIR,—I beg to thank you for your letter received this morning in reply to my communication of August 24th. Your statement that the grounds of my observation that the appointment of "Wardens of Nurses' Homes is economically injurious to members of the Nursing Profession are not clear" will I hope be made so in the Editorial remarks to be published in the next issue of THE BRITISH JOURNAL OF NURSING, and of which I shall have the pleasure of sending you a copy.

Until the Nursing Profession is represented upon the Hospitals and Medical Services Committee of the London County Council, which is the acting authority for upwards of ten thousand nurses, on the same principle accorded to the Medical Profession, the nurses remain a class in economic servitude in their relations to the Council.

That your Council spends hundreds of pounds annually in advertising for Nursing Staff to care for the sick in the hospitals it controls, is proof that conditions under the government of the London County Council do not appeal to the intelligent women who might be recruited under a more intelligent and liberal system.

I beg to remain,
Yours faithfully,
ETHEL G. FENWICK,
*Editor,
State Registered Nurse.*

SERVICE OF ALIENS IN HOSPITALS.

Wibble wobble appears to be the order of the day *re* the employment of aliens in hospitals.

Circulars issued prohibited their service in hospitals, where treatment is provided for members of His Majesty's Forces, without permission from the Secretary of State.

A new Order provides that persons of either sex who are of German, Austrian, or Italian nationality, may continue to be employed in any hospital or similar institution which is not now providing treatment for members of His Majesty's Forces, and it is now within the discretion of the employing authority to re-engage them.

The Ministry of Health and the Aliens War Service Department apparently fail to realise the fact that whilst Germany, Austria and Italy, with which countries we are at war to the death, continue to murder our civilian men, women, and children, that the sick in our hospitals bitterly resent being attended in any capacity whatever by these aliens. Sentimentality apparently irradicable in the constitution of elderly statesmen continues the bane of much of our war policy.

The Premier's policy of stern determination so far as the enemy alien is concerned is the only one which can shorten the war and bring the world to its senses. Alas! thousands of lives are already ruined beyond repair.

RHEUMATIC HEART DISEASE, IN RELATION TO PUBLIC HEALTH NURSING.

By ROSEMARY T. KOBES, P.H.N., Field Secretary,
California Heart Association.

[Reprinted from "The Pacific Coast Journal of Nursing."]

Although rheumatic fever is responsible for approximately 30,000 deaths each year in the United States, we are still in the land of Moab in regard to its etiology. Scientists, however, in various parts of the world are engaged in serious study of this nettling problem. It is reasonable, therefore, to suppose that sooner or later the riddle will be solved, and when at last the etiology of rheumatic heart disease has been established, and perhaps also its communicability, the entire programme of childhood heart disease and its prevention will be definitely advanced, as was the tuberculosis programme with the discovery of the tubercle bacillus by Koch.

Meanwhile the attitude of those sitting idly in the market place and asserting that nothing can be done about it, is wholly unwarranted. The nurse with a knowledge of certain accepted facts regarding rheumatic heart disease can make a definite contribution in heart disease prevention, for in the words of Dr. Oliver Wendell Holmes—

"To guard is better than to heal,
The shield is nobler than the sword."

What are some of the established facts regarding rheumatic fever with which we as public health nurses should be familiar?

One important fact is that rheumatic fever, which usually makes its first attack on children between the ages of five and 15, has a tendency to recur. The heart is often damaged by repeated attacks until it reaches a state in which it is unable to perform its functions adequately. Here, then, is an important step in our communicable disease programme. These children should be kept in good condition, teeth and tonsils cared for, and they should, of course, be immunised against diphtheria, which disease may prove especially deleterious to the heart. But they should also be protected against any unnecessary exposure to infectious diseases, as even a slight respiratory infection or cold may prove far more serious to the child with rheumatic heart disease than to the otherwise normal child. The healthy heart is "streamlined" and smooth, but when the valves are roughened by disease they pick up infections more easily and with more disastrous results.

On the other hand, we must not maintain a constant anxiety that there may be serious and sudden developments and thus make a heart invalid of the child. We should endeavour to cultivate a serene and undisturbed attitude and, likewise, to help the parents to acquire this attitude—the golden mean between the two extremes.

Too frequently cardiacs become hypochondriacs. When a child is made conscious of his handicap by over-anxious parents, he is likely to become self-concerned and self-pitying, which makes it difficult for him to fit into his community either as a child or later as an adult.

Children with rheumatic heart disease should receive early vocational guidance, so the child with a serious heart lesion, for example, will not choose the strenuous career of a professional dancer only to receive the additional heart-break of frustration later on. Through early and wise counselling, the child may be guided to an occupation where life will be simpler and compatible with the cardiac limitations.

The value of rest in rheumatic heart disease cannot be over emphasised. Dr. Allen K. Krause has stressed the importance of rest as a sovereign remedy in tuberculosis. It is equally important in rheumatic heart disease. We cannot splint an injured heart as we can a broken arm.

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