

should also be carefully inspected for the presence of any blood or mucus and if present should be included in the specimen sent for examination.

#### Chemical Examination.

Examination of faecal specimens for the presence of occult blood is a very frequent request, and the necessary preparation of the patient is now well understood. The actual practice in different hospitals tends to vary to some extent, some requiring both a completely meat and cholesterol-free diet, most, however, content themselves with simply withholding meat. The general practice is to give a charcoal biscuit at the commencement of the meat-free diet, and to collect for examination a sample of the first specimen passed after the charcoal has appeared, as shown by the passing of a black stool. Faecal fat estimations require the whole of the stool passed to be sent for examination, liquid paraffin and similar mixtures should have been withheld for at least three days before the specimen is collected. Occasionally a specimen is required for the presence of bile, no preparation of the patient is necessary, and a sample of the faeces only is required.

#### VOLUNTARY HOSPITALS ARE "PART OF OUR HERITAGE."

*The Hospital Bulletin* does well to emphasise the value of the voluntary hospitals. To quote:—

Out of nearly 40,000 hospital beds in London, voluntary hospitals are staffing 29,522. This is revealed by Mr. George Aylwen, Treasurer of St. Bartholomew's Hospital, London, in the annual report just published.

"No better proof than this can be given that the voluntary hospitals are making a full contribution to the nation's effort," states the report.

"The question of State control is once again the shuttlecock of the parochial-minded pundit, in spite of the fact that on many occasions in the course of years the arguments for nationalisation have been weighed and found wanting.

"It is not so long since a select committee was appointed by the Ministry of Health to consider State control. Their findings may be summed up in this sentence:—

*"The voluntary hospital system, which is peculiar to the English-speaking peoples, is part of the heritage of our generation, and it would be lamentable if by our apathy or folly it were suffered to fall into ruin."*

"One must assume," continues the report, "that this body realised only too well that our voluntary hospitals perform functions which cannot be so efficiently and adequately performed by any other body.

"The Minister of Health, I feel certain, is fully alive to the necessity of our survival and growing strength."

#### PERSONAL PROTECTIVE EQUIPMENT FOR HOSPITALS.

The Minister of Health announces further issues of protective equipment to hospitals to be supplied as follows through the Ministry of Home Security:—

- Light oilskin suits (4).
- Pairs of gumboots.
- Oilskin neck curtains for steel helmets.
- Pairs of oilskin gloves (nil).
- Oilskin aprons.

It should be clearly understood that this equipment is not a personal issue, and that it will be held on charge by the hospital on behalf of the Department under the usual conditions.

## CIVIL NURSING RESERVE.

### REGULATIONS FOR WEARING OF CIVIL NURSING RESERVE UNIFORM.

The Minister of Health has received requests for guidance as to the correct wearing of Civil Nursing Reserve uniform. He has drawn up the appended Regulations, which should be made known to all members and copies of which should be posted on the notice-boards of hospitals, first-aid posts and other places where members of the Reserve are working.

#### REGULATIONS FOR WEARING OF UNIFORM.

There should be no departure from the regulation pattern of uniform.

##### A.—Indoor Uniform.

- (1) Overall should be worn 14 ins. from the ground.
- (2) Black leather walking shoes with rubber tips on heels preferably of lacing type should be worn.
- (3) Beige stockings may be worn with uniform, but members of the Civil Nursing Reserve should, if Matrons desire it, wear the stockings prescribed for the regular staff of the hospital to which they are attached.
- (4) The metal badge should be worn on the left side of overall.
- (5) If a cardigan coat is worn over indoor uniform during winter it should be dark blue or grey.

##### B.—Outdoor Uniform.

- (1) Outdoor uniform coats should be worn 14 ins. from the ground.
- (2) Outdoor uniform coats must not be worn over mufti.
- (3) The hat badge should be worn in the centre front of the hat above the ribbon.
- (4) Both hat and coat must be worn when a member wears outdoor uniform. Inside the grounds of a hospital, etc., however, the indoor uniform cap may be worn with the coat. Coloured scarves must not be substituted for hats. Fur collars or scarves must not be worn with uniform.
- (5) White, dark blue, or dark grey gloves should be worn with outdoor uniform.

No jewellery (except wedding rings), trinkets or unauthorised emblems should be worn when in uniform.

Members must always conduct themselves with dignity and must not smoke in the street while wearing uniform.

## SPINAL MENINGITIS SERUM.

The Queen's Hospital for Children, Bethnal Green, states *Hospital Bulletin*, is one of the principal centres for research into children's complaints.

As is the case of other voluntary hospitals, research has led to life-saving discoveries and to the setting up of valuable services.

One service is that of acting as a distributing centre for supplies of spinal meningitis serum from the New York Department of Health.

#### Many Calls.

The secretary of the hospital said: "As no other hospital in the country receives this serum we get many calls for it. The most recent was from a small hospital 200 miles away. We received a telephone message about 10 o'clock one evening.

"Someone at the hospital immediately volunteered to drive through the black-out to deliver the serum and by dawn the life of the child had been saved.

"Before the war phials of serum were frequently flown to different parts of the country. On one occasion a phial was flown across the Channel to a child who lay dying in Paris."

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