NURSING IN THE HOUSE OF COMMONS

NURSING SERVICES.

As we go to press, the report of the appeal for Nursing Recruits, by Mr. E. Brown, Minister of Health, in the House of Commons on Tuesday, April 3rd, is to hand. In replying to Miss Ward, the Minister said :---

The existing and prospective shortage of nurses in hospitals is giving rise to anxiety. To meet this situation I propose to appeal to the women and girls of the country to enrol for nursing service in any part of the country. Those who join as nursing auxiliaries will not be sent to hospitals dealing with infectious disease or mental cases or to sanatoria unless they volunteer for this service. The appeal will be especially addressed to the age groups which are shortly to be registered, and the Minister of Labour has undertaken to secure that the vital importance of the nursing service, a service which is pre-eminently women's work, shall be brought to the notice of those registering.

I wish to stress in particular the importance of securing a larger number of women who are prepared to take up nursing as a life career and to enter as student nurses one of the hospitals recognised as training schools. Those who are prepared to join on this basis and accept training in the hospital allotted to them will receive salaries at the rate of $\pounds 40$ a year, rising by annual increments of $\pounds 5$.

Increase of Salaries for Members of the Civil Nursing Reserve.

It is proposed also to increase the salaries payable to members of the Civil Nursing Reserve in residential posts in hospitals. The salaries for the assistant nurse and trained nurse include a sum representing the employer's contribution towards superannuation, and as from the first pay week in February the rates will be :—For nursing auxiliaries, f55 a year; for assistant nurses, f70; and for trained nurses, f105—in each case with board, lodging, and laundry and indoor and outdoor uniforms. These rates will apply to all members of the Reserve, both existing and future, who are in full-time employment in hospitals, and in so far as expenditure on nursing staff is chargeable to the Emergency Hospital Scheme the cost of the new rates, as of the existing ones, will be reimbursed by the Government.

It is proposed that those who respond to the appeal and are accepted will receive a guarantee of a year's employment and will be asked to undertake to serve for that period. Recruits who join as nursing auxiliaries will receive a short course of instruction in hospitals, during which they will receive 10s. a week as pocket money, together with board, lodging and laundry.

The setting up of machinery for fixing the salaries and pensions of nurses on a national basis, as recommended by the Athlone Committee (the right hon. gentleman continued), was likely to be a slow process. In the meantime, it was in his view necessary that hospital authorities in general should review the salaries now paid to their nursing staffs in the light of the new rates.

A Professional Nursing Division. Appointment of Chief Nursing Officer.

Arrangements had also been made for the whole of public health and hospital work of the Department to be grouped on its professional side under the general direction of a Chief Nursing Officer with two deputies. He had appointed as Chief Nursing Officer and Chief Matron of the Emergency Hospital Service, Miss Kathrine Watt, C.B.E., R.R.C., R.G.N., who had had a most distinguished nursing career culminating in the post of Matron-in-Chief of Princess Mary's Royal Air Force Nursing Service, and had since shortly before the outbreak of war been Principal Matron of the Emergency Medical Service. One of the posts of deputy would be most appropriately filled by the appointment of a nurse with current experience of hospital management. It was proposed that the second deputy should be a nurse with special experience of the public health and domiciliary nursing services.

He had asked the Parliamentary Secretary to make the Nursing Division her special concern.

A number of supplementary questions were asked indicating that in the opinion of members the proposed new scales were inadequate.

Mr. KIRKWOOD spoke of the rampant discontent among nurses at the Clydebank hospitals, now full up with "blitz" cases, because of the scandalous wages.

Mr. McGovern suggested that the wages were designed to drive girls into munitions.

Mr. BROWN said that he had reason to believe that the scales would be regarded as a whole as a great forward movement. They would mean heavy extra expense for the hospitals concerned, and for the Government, in connection with the emergency hospitals scheme. The question of subsidies to local authorities would receive consideration when the facts were brought out. The suggested increase would involve the L.C.C. in additional expenditure of about $\pm70,000$ a year.

We shall hope to deal with this new Nursing Service in our next issue, when further information may be available. The Nursing Profession as a whole has in no way been consulted concerning its formation or organisation.

We presume the officials will be Registered Nurses.

URINARY DEPOSITS.

THE MICROSCOPICAL EXAMINATION OF URINES. By John Hatcher.

Though it is rare to find a microscope included in the equipment of a Ward Test Room, microscopical examination of the urinary deposit forms an essential part of the investigation of every urine sent to the laboratory. It might, therefore, be valuable to consider exactly what can be found in both normal and pathological urines. In the normal urine only epithelial cells are found in any numbers; though an occasional pus cell or leucocyte may be seen, red blood cells should never be present except in female urines. If the specimen is fresh, few organisms are likely to be present, but several varieties of crystals are likely to be found. On the other hand, pathological urines may contain pus cells, red blood cells, casts of different variety, in fact, a surprising variety of findings.

The Deposit.

The deposit is a concentration of the solid matter in the urine and may be obtained simply by gravity, as for example, by allowing the urine to stand in a conical shaped urine glass. More frequently, however, a machine called a centrifuge is employed in which the urine is placed in conicalshaped tubes and rotated at a high speed, several thousand revolutions per minute, and a highly concentrated deposit rapidly obtained. A fresh specimen is very desirable for microscopical examination as some of the contents, particularly cells, may become altered and unrecognisable by chemical changes which take place in the urine on standing.

Cells.

Almost every urine will contain a few epithelial cells and even large numbers have no definite pathological significance; they are simply discarded cells from the urinary tract, evidence of ordinary wear. Pus cells are, however, a different story, and if these are present in any



