

The reasons for refusing to consider such second grade Nurses on the part of the General Nursing Council have been as follows:—

1. That having been set up by Act of Parliament to lay down a basic standard of Training for Nurses for the Sick, the Council could not recognise anything below that basic standard. It should be remembered that in drawing up the Syllabus and in determining the standard of Examinations, due regard had to be paid to things as they were at the time of the passing of the Act, and the standard was, therefore, and still is, very moderate.

2. The second reason was that the Council have no power under the Act to set up a "Special" Register, which had been suggested.

3. In response to the plea that the Council has power to set up another *Supplementary* Register—the reply has been that:—

(1) The one portal examination for all parts of the Register is the Preliminary State Examination, which it was admitted this class would not be able to pass, and

(2) That the Nurses on the Supplementary Registers are not an inferior type of General Nurse, but are specially and fully trained in their several branches of work.

At an interview sought by the County Councils Association and Association of Municipal Corporations, the Education Committee of the Council held out no hope of such recognition being given by the General Nursing Council, but the elected (Nurse) members of the Council felt that the question was one which concerned the profession as a whole and asked for permission to use this room for a meeting so that they might discuss the question with appointed representatives of the various National Associations of Nurses. Time has been allowed for discussion in the various Associations, and I hope you are all prepared to speak briefly and to give us the considered opinions of your Associations. It is not a meeting of the General Nursing Council, nor summoned by the Council. It is an informal meeting asking you to meet the nurse representatives of the Council."

Miss Musson then read the following Resolutions and extracts from letters which had been received:—

British College of Nurses—

"This meeting of members of the British College of Nurses, while warmly sympathising with the provision of the most efficient nursing care for the chronic sick, is of opinion that this desirable end cannot be attained by the institution of an inferior grade of State Registered Nurses. It therefore urges the Government to require such expenditure by Local Authorities as will ensure the provision of efficiently trained Registered Nurses for the poor, of the same standard of training as is defined as essential under the Nurses' Registration Act for nurses for the General Public."

Association of Hospital Matrons—

"That there should be no additional Supplementary Register apart from the existing Registers of the General Nursing Council."

Mental Hospital Matrons' Association—

"The nursing of the Chronic Sick by any other than Trained Nurses is to be deprecated."

Royal British Nurses' Association—

"The Committee are strongly opposed to the establishment, under any statutory or local authority, of a special grade of nurses for the chronic sick."

Mental Hospital and Institutional Workers' Union—

"I am directed to inform you that we are strenuously opposed to any proposal to institute a special and inferior grade of nurses for attendance upon the chronic sick."

Representatives were then invited to speak by the Chairman and expressed the views of their Associations, which were of an exceedingly interesting and informative character.

As the report of the Meeting only reached us when we were going to press we regret we have not space available for a full report of the speeches, but shall use them in our next issue, as this question is one of first importance.

Suffice it to say that at the end of the discussion, Miss M. S. Cochrane proposed the following Resolution, which was seconded by Mrs. Berens-Dowdeswell, and carried unanimously by all the delegates:—

"That no Supplementary Part of the Register should be set up for Nurses for the Chronic Sick."

Miss Musson said Members of Council would feel much helped by that very definite resolution. She then asked whether the meeting was of opinion that the ideal to be aimed at was that the Chronic Sick in Institutions should be cared for by fully trained Registered Nurses. This also was put to the vote and was carried unanimously.

The unanimity of the instructed delegates of the leading Nurses' Organisations, as expressed at this Meeting, is extremely satisfactory, and we all owe Miss Musson a vote of thanks for giving us the opportunity of placing it on record.

PSORIASIS: CAUSE AND TREATMENT.

By MISS L. GODDARD, S.R.N.

Psoriasis is characterised by slight, rounded, irregular reddened patches on the surface of the skin, covered with silvery scales, giving the appearance of splashes of mortar.

At the commencement of the disease the patches are quite small, but vary in size from a threepenny-piece to quite a large area, the centre becoming more normal while the inflamed edges continue to spread. It is at this early stage that the patient suffers from irritation of these patches, and as the disease spreads and becomes chronic the irritation subsides, unless the patient works in a closed or hot atmosphere.

The silvery scales are not easily detached from the skin, and, if removed, leave the skin red and dry, giving the appearance of eczema.

The parts most affected are the elbows and knees, or it may spread over the whole of the body, even to the hands and face, crusting also on the scalp, but usually the face escapes and is rarely affected.

Psoriasis is not infectious and may occur at any age, but usually in childhood at first, and it is extremely likely to recur. It is rare for a person to suffer from it only once, and even when apparently cured it may recur several times, usually when the general health is poor. Some cases resist the most varied and persevering efforts for their cure.

Numerous causes have been assigned to this disease, but the cause is very uncertain. It is usually associated with gout or rheumatism.

Some patients suffering from rheumatism appear to be relieved of the pain when the psoriasis appears; in others there is no trace of rheumatism at all. It is distinctly hereditary, and often there is a history of at least one member of the family with chronic rheumatism or gout, sometimes missing a generation.

Treatment.—If due to rheumatism or gout, it is treated by the proper remedies for the relief of pain. If rheu-

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