

At a recent inquest at Southwark it was reported that a baby in Lambeth L.C.C. Hospital accidentally strangled itself.

The inquest, states the *Evening Standard*, was on Rosemary Hills, aged 15 months. The baby was in a bed for adults and was strangled by what was described as a "restrainer," a large white cotton bib, with long strings, which are tied first round the child's body and to the side of the bed.

The nurse had to leave the ward for half-an-hour in the evening. When she returned, the child was strangled, the strings of the restrainer being tightly round its neck.

Dr. Philip Watkin, medical superintendent, said there were so many children that there were not enough cots available, so some of the babies had to be put in beds for adults. The restrainers had been used in the hospital for many years and they had never had an accident.

Dr. Hervey Wyatt, the coroner, returning a verdict of Accidental Death, said he had personally known two cases of children being strangled by ribbons attached to a toy.

Several questions arise in this tragedy. First: Is it permissible for wards containing infants to be left without a nurse for half-an-hour? Second: If more cots are needed, why are they not supplied? L.C.C. expenditure is so lavish that such equipment, if necessary, should be obtained. Because the coroner knew of two children being strangled by ribbons attached to toys appears no valid excuse for a third to lose its life by a faulty appliance in a hospital ward, and it would have been well if he had warned the Nursing staff of the necessity for the greatest care in the application of "restrainers" on babies, especially when placed on an adult bed, and moreover, had advised that wards for sick people were not left without the attendance of a nurse. The parents of little Rosemary Hills have our sympathy.

"Professional Nursing," the four-page leaflet published by the *American Journal of Nursing*, is an up-to-date record of nursing affairs throughout U.S.A. From it we gather just how busy the whole profession is on the other side of the Atlantic, now that their country is at war. It was bound to come, and all our sympathy is theirs. What are nurses doing in the Defence Programme? Here is a summary: Six thousand registered nurses are on the staffs of Army camp and cantonment hospitals located in 46 States—the District of Columbia, Alaska, Hawaii, Iceland, the Philippine Islands, and Puerto Rico. Seven hundred nurses are serving with the Navy in hospitals, dispensaries and hospital corps schools in 15 States. One hundred and fifteen nurses have been appointed to the staff of the U.S. Public Health Service as special defence nurses. Twenty thousand six hundred registered nurses are enrolled in the First Reserve of the American Red Cross Nursing Service. They constitute the official nursing reservoir on which the Army and Navy draw when they need additional nurses to staff their camp and cantonment hospitals in an emergency. These nurses are a carefully selected group.

Sixty-two First Reserve Red Cross nurses are now in England with the American Red Cross-Harvard Hospital Unit, aiding in a special research project—the treatment and study of communicable disease under war-time

conditions. Fifty-seven of the nurses are serving in the especially constructed hospital; five are giving public health nursing services.

Bill S 2025 now before Congress, if passed, will provide an increase in the annual base pay of Army and Navy nurses of \$240. Present base pay is \$840 a year. Proposed base pay in the pending bill is \$1,080 a year.

Surgeon-General Parran predicts that when the war is over, "we shall need nurses and doctors in untold numbers to prevent complete collapse" of a prostrate world.

We predict that when the war is over, the relief will be so intense that we shall rise full of energy and immediately put the world to rights!

The Australasian Nurses' Journal expresses the delight of Australian nurses at the honour bestowed on one of their colleagues, Sister Lilian Smairl, who has been awarded the Royal Red Cross for conspicuous courage. Sister Smairl has been attached to Queen Alexandra's Royal Naval Service and took part in the Dunkirk evacuation.

We have every sympathy with the demand of the Australasian Trained Nurses' Association that the cap accepted as the trained nurses' cap, may be protected, but, so far, the Minister of Health has not acceded to their petition in New South Wales, although wearing the cap by other than registered nurses is prohibited in the other five States of the Commonwealth, and it is reported that no difficulty has been found in enforcing the regulation.

THE NEW YEAR'S HONOURS.

The following New Year's Honours have been conferred by the King on members of the Nursing profession.

THE ROYAL RED CROSS.

MEMBER. FIRST CLASS.

Miss E. Campbell, Q.A.I.M.N.S., Matron.

ASSOCIATES. SECOND CLASS.

Miss R. C. Child, Acting Superintendent Sister.

Miss E. J. Lee, Acting Superintendent Sister.

Miss L. J. Pruddah, Nursing Sister.

Miss J. M. Bruck, Resident Nursing Sister.

Miss K. M. Gloyne, Resident Nursing Sister.

Also a long list of V.A.D. Nursing Members.

PRINCESS MARY'S R.A.F. NURSING SERVICE.

ROYAL RED CROSS, FIRST CLASS.

Miss W. M. Coulthurst, Matron.

ASSOCIATE. SECOND CLASS.

Miss N. A. Hampton, Senior Sister.

ORDER OF THE BRITISH EMPIRE.

C.B.E.

Miss Ruth E. Darbyshire, for Services in Nursing, Matron-in-Chief, British Red Cross Society and Order of St. John of Jerusalem.

M.B.E.

Miss B. Skerritt, Nursing Sister, Nigeria.

KAISAR-I-HIND GOLD MEDAL.

Miss C. Wilson, Chief Lady Superintendent, Lady Minto's Indian Nursing Association.

[previous page](#)

[next page](#)