

the blood is more likely to give results than a Widal, and a blood culture should always be taken at the same time. If 10 cc. of blood is obtained the specimen may be divided into two parts, half being used for the Widal and the other half for the culture.

#### Limitations of the Test.

The essential point to be borne in mind is that in the first 10 days of the disease negative Widal finding have no value. This does not mean that the test should be delayed. On the contrary, no time should be lost in obtaining the specimen, the only thing is that a negative report must be repeated after the 10 days have passed. Also, though some degree of agglutination may be obtained, it may be too low to be of diagnostic significance, but if the second specimen shows a rise, even if still below the level of diagnostic value, we have what is known as a rise in titre, a most significant finding and practically diagnostic.

Individuals who have had T.A.B. will always give some degree of agglutination, and this information should be obtained from the patient, and sent to the laboratory together with the specimen.

### CO-OPERATION FOR THE BENEFIT OF CRIPPLES.

Great advances in the treatment of crippling conditions caused by wounds, accidents, or diseases such as rheumatism will be secured by an agreement for co-operation reached by the Empire Rheumatism Council and the British Orthopædic Association. The agreement affirms the wisdom of close liaison between the orthopædic surgeon and the physician specialising in the rheumatic diseases.

The Empire Rheumatism Council states that the chief points in the plan of co-operation are:

Orthopædic hospitals and departments should include on their staffs a physician with special knowledge of the rheumatic diseases.

A joint out-patient clinic should, where practicable, serve for both classes of patients. In these centres the orthopædic cases will be under a team headed by an orthopædic surgeon; for rheumatic cases the team will be headed by a physician.

### THE BRITISH COLLEGE OF NURSES, LTD.

A meeting of the Council has been summoned at 19, Queen's Gate, S.W.7, on Thursday, January 14th, at 2 p.m., when the principal business will be to arrange for the Annual Meeting, which must, this year, be held in February.

It is hoped there will be a full attendance, and that Fellows and Members will come prepared to express their opinions and wishes as to the future activities of the College.

It is anticipated that with its financial stability secured, many schemes for the benefit of the Nursing Profession may be inaugurated.

It must be realised that the Articles of Association provide specially for educational advantages, *i.e.*, efficient professional and civic education, by help of scholarships, etc., and for social and benevolent help.

### KING EDWARD'S HOSPITAL FUND FOR LONDON AND THE NURSING PROFESSION.

A meeting of the Distribution Committee of King Edward's Hospital Fund for London was held at the House of Lords on December 15th, 1942. His Royal Highness the Duke of Gloucester was in the Chair, having been asked by the King to take the place of the late Duke of Kent as President of the Fund. The Duke announced that it was proposed to distribute £280,000, which was rather less than in recent years, but that a number of hospitals which are finding some difficulty in meeting their expenditure have been given sympathetic consideration.

We note with pleasure and gratitude that the President appeared specially interested in nursing conditions. He said:—

"You will see that the distribution includes an allocation of £5,000 towards the establishment of Preliminary Training Schools for Nurses. I would like to say a word or two about this. The object of these schools is to afford girls taking up nursing an opportunity to learn a little about their work before they pass into the training schools proper and start work in the wards. No girl ought to be asked to go straight from home or other previous occupation to the wards without some initiation. In order to give her this, and also to avoid entirely unskilled nursing for the patient, she should first enter a Preliminary School, where she can learn a little about the theory and practice of nursing and become accustomed to ward procedure. Some of the larger hospitals have their own Preliminary Schools. The Distribution Committee felt that if the smaller hospitals with Training Schools, but without Preliminary Schools, could be encouraged to establish them—in many cases as joint enterprises among several hospitals—an important and, indeed, overdue step would have been taken towards ensuring the future of the nursing service. Their action has been endorsed by a circular from the General Nursing Council. The Fund has long taken an active and practical interest in the welfare of the nurses, and the Distribution Committee feel confident that their action will meet with your approval.

"You have had before you at recent meetings reports on the progress of the work of the Nursing Recruitment Service. That work goes on, and already over 3,000 student nurses have been placed in hospitals through its agency. In these days when the various forms of national service for women make such a strong appeal to the spirit of service and adventure it is essential that the claims of nursing should be kept before girls by talks in schools, at girls' clubs, and by all the other means of propaganda which the Nursing Recruitment Service employs."

It is to be hoped that the King's Fund will use its influence to prevent any system of de-grading nursing education and the status of Registered Nurses. Its influence is great; let it come out in support of an uprising and not a depreciation of Nursing standards such as that proposed by the Royal College of Nursing.

Sir Edward Peacock (Treasurer) reported that the income of the Fund amounted to some £281,000. Subscriptions and donations at £34,000 were approximately the same as in 1941. The income from investments at £198,000 also remained about the same as last year, although but for an unexpected increase from an American investment the amount would have been reduced. Legacies were responsible for the increase this year. Already nearly £66,000 had been received—an increase of £13,000 over last year.

The Minister of Health (Rt. Hon. Ernest Brown, M.P.) moved a vote of thanks to His Royal Highness the Duke of Gloucester for presiding.

[previous page](#)

[next page](#)