

nursing certificate of the Central Council for the Care of Cripples or the Joint Examination Board of the British Orthopaedic Association and the Central Council;

(1) persons who have completed training in countries with which there are no arrangements for the reciprocal registration of nurses and whose names are on a list kept by the Minister of Health;

(m) Christian Science nurses;

(n) and (o) persons who have undergone specified nursing training in the Navy, Army or Air Force;

(p) persons (not included above) specified in corresponding regulations made under the Nurses (Scotland) Act, 1943.

The Regulations specify in some cases the expressions, including the word "nurse," which may be used by nurses in each of the enumerated classes. It is observed that in other cases the Minister has not thought it desirable to prescribe the precise title to be used by the classes of person covered by the Regulations, but has decided to allow a limited measure of discretion as to the titles which may be used. Where a specific title is prescribed, it will be appreciated that that title only may be used by the class of person concerned.

Proviso (c) to sub-section (1) of section 6 of the Nurses Act, 1943, makes it clear that persons shall not be guilty of offences under the Act simply because they are addressed as "nurse" without raising objection; and proviso (d) requires the Minister's consent to any proceedings for an offence under the sub-section.

We have quoted the above definitions from the *Public Assistance Journal Health and Hospital Review*, and would invite subscribers to THE BRITISH JOURNAL OF NURSING to carefully file it for reference. We are of opinion that it will not be possible to reorganise nursing as a profession for educated women until this Nurses Act has been removed from our Statute Book, and superseded by expert legislation.

We petition the new Minister of Health to give time to the consideration of this all-important subject. The health of the nation depends largely upon it.

TRAINING NURSES FOR THE COLONIES.

The report of the Committee on the Training of Nurses for the Colonies was published yesterday as a White Paper (Stationery Office, Cmd. 6672, 1s.). Lord Rushcliffe served as Chairman of the Committee, which was appointed by the Colonial Secretary in November, 1943, with terms of reference that recognised the need for increased public health activities and the fostering of community welfare in colonial territories.

The following are among the committee's recommendations:—

Nurses recruited in the colonies should be trained locally in training schools to a standard which would render colonial certificates acceptable to the General Nursing Council for England and Wales for State registration.

The minimum period of training for the grant of a certificate and for admission to the Register of Nurses should be four years, of which the first three years should be devoted to basic training. The fourth year could be spent in gaining additional experience in hospital, or in taking a community nursing course or a midwifery course.

The minimum period of training for midwives should be two years for those without a nurse's training and one year for those who have completed the basic three years' course.

Except for a few specified posts candidates for the colonial nursing service should be State certified midwives.

THE LEAGUE OF RED CROSS SOCIETIES.

The *Bulletin* of the League of Red Cross Societies is to hand for April to June, 1945. It reports most useful work in many directions throughout the world, and having secured dollars to the amount of 110,000,000 for Civil Relief, is doing an immense amount of good in various directions, especially in countries which have suffered so disastrously through war.

Aid for Nurse Victims of the War.

It is reported that Nurses are finding that their health and strength are being seriously impaired by the arduousness of the tasks they are called upon to perform in war time. A great many of them have fallen victims to tuberculosis, in particular.

To counter this danger while there is yet time, and to enable as many as possible of these nurses to regain their health and resume once more their services to the community, the League of Red Cross Societies appealed to the national Red Cross Societies to study the possibility of organising medical and social assistance for nurses who are ill. Their response has been prompt and generous. Important gifts of money have been forwarded or promised to the League by the Red Cross Societies of Argentina, Australia, Brazil, Canada, India, Ireland, New Zealand and Spain, and by the Turkish Red Crescent.

The Belgian, French, Greek and Italian Red Cross Societies have informed the League that they would be glad of aid from their sister Societies, for the benefit of their nurses. Plans are therefore under way (in agreement with the Red Cross Societies concerned) for the hospitalization of a certain number of these nurses either in their own country or in Switzerland.

Visiting Nurses.

The Alliance of Red Cross and Red Crescent Societies of the U.S.S.R. has established a visiting nurses' programme for 10,000 villages. Part of the equipment needed in connection with this scheme is being provided by the American Red Cross.

The campaign against epidemics reported by E. J. Pampana, M.D., Director of the Health and Relief Bureau, proves that: "It is wiser as well as more humane to erect a parapet along the top of a dangerous cliff than to provide an ambulance at the base." The report published is of the utmost value and, we hope, will be widely circulated as "it should never be forgotten that education of the public is a very important factor, upon which the success of any health campaign—and still more that of an anti-epidemic campaign—depends to a large extent.

"Under the supervision of doctors and public-health nurses, useful work could be done by volunteer nurses in the field of health propaganda, particularly when dealing with diseases in which personal hygiene and diet play a leading role."

Headquarters of the League of Red Cross Societies is at 8, Rue Munier, Bornilly, Geneva.

FUTURE OF BLOOD TRANSFUSION SERVICE.

Dr. J. F. Loutit, medical officer in charge of the South-West London blood supply depot, has reported that London's emergency blood transfusion service set up to meet civilian war needs has proved so valuable to hospitals that it is to be retained permanently. The need for blood donors would remain just as great even after the war. Blood transfusions could be used on a much wider scale and surgery could be revolutionised by the use of certain by-products from blood.

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