

mentary Secretary to the Minister of Health—and thrust through Parliament without due consideration.

(3) Because the Act constituted the Minister of Health an absolute autocrat and deprived Registered Nurses of liberty of action, conscience, and financial responsibility for their own money which entirely financed the administration of the whole scheme, reducing the position of the Registered Nurse in the body politic to that of a slave.

Such legislation was a disgrace to Great Britain, and must be swept off the Statute Book without delay.

#### Appeal to the Prime Minister and to the Medical Profession.

After due consideration the Council decided to appeal to the Prime Minister, and to the Medical Profession to prevent Faith Healers being guaranteed by Parliament, through the Minister of Health, as safe attendants of the sick.

It was agreed to communicate with the Royal College of Physicians, the Royal College of Surgeons, the Royal College of Obstetricians and Gynaecologists, the Society of the Medical Officers of Health, the General Medical Council and the British Medical Association, and invite their help in opposing the enrolment of "Christian Science Nurses" on the Roll of Assistant Nurses, organised under "the Nurses Act, 1943."

#### A Letter from Miss Nightingale.

The Council received from Miss G. M. Poskitt, Matron of the Emergency Hospital, Rush Green, Romford, the gift of a letter of Miss Florence Nightingale, in her own handwriting. An expression of sincere gratitude was agreed, and the Secretary was directed to send thanks to the generous donor.

Owing to limit of time several interesting communications were deferred for consideration.

#### Financial Report.

A very satisfactory Financial Report was received and approved.

Several matters of importance were deferred for consideration at the next Meeting.

It was agreed to hold the next Meeting of the Council on Thursday, April 19th, at 2.30 p.m.

The Meeting then adjourned.

## APPOINTMENTS.

### ASSISTANT MATRON.

**St. George-in-the-East Hospital, Raine Street, London, E.1.**—Miss Margaret I. Revill, S.R.N., M.B.C.N., has been appointed Assistant Matron. She was trained at St. Mary's Hospital, Highgate, London, N., and has been Staff Nurse at the North-Western Hospital, N.W.; Sister at the Willesden Municipal Hospital, N.W.; and at St. Stephen's Hospital, S.W.; Administrative Sister and Home Sister at Joyce Green Hospital, Dartford; Home Sister at St. Clement's Hospital, London, E.3; Matron at Princess Christian Nursery, Englefield Green, Surrey; and Matron at the L.C.C. Nursery, Oak Hall, Heathfield, Sussex.

**County Hospital, Keighley.**—Miss Nellie White, S.R.N., S.C.M., has been appointed Assistant Matron. She was trained at the Clayton Hospital, Wakefield, and at the Leeds Maternity Hospital. Miss White has been Night Sister and Housekeeping Sister at the Royal Hospital for Rheumatic Diseases, Bath; and holds a Housekeeping Certificate.

### SISTER TUTOR.

**Buchanan Hospital, St. Leonards-on-Sea.**—Miss Anna Rjewsky, S.R.N., S.C.M., has been appointed Sister Tutor. She was trained at the Walton Hospital, Liverpool; at King's College in Domestic Science; and at the Battersea Polytechnic, London. Miss Rjewsky has been Ward and Departmental Sister with the L.C.C., and Sister Tutor at Ham Green Hospital and Sanatorium, Bristol.

## THE WAR.

### A Loss to Humanity.

As we go to press the death of President Roosevelt, U.S.A., is announced—an inestimable loss to humanity. It is not too much to record that the loss of this good man is one of the greatest disasters which could befall the world at this hour, and to his devoted wife its sympathy is heartfelt.

### French is a Lovely Language.

When the Queen visited the 17th Canadian General Hospital she talked to many wounded soldiers in French and delighted the men and the nursing staff, 60 per cent. of whom come from the French-speaking provinces of Canada. The Queen was escorted on her tour of the hospital, lasting two and a half hours, by Major-General R. M. Luton, Director of Medical Service, Canadian Military Headquarters, and by the Matron-in-Chief, Lieutenant-Colonel A. C. Neill.

### The Soviet Government Welcomes Mrs. Churchill.

Mrs. Churchill recently arrived in Moscow by air as the guest of the Soviet Government. She visited Moscow, Leningrad, Stalingrad and Rostov-on-Don. Her welcome was enthusiastic in all the hospitals and convalescent homes in the various cities, and well it might be, as she has received thousands of pounds in support of her Russian Hospital Fund, which is greatly needed to meet some of the needs of the wounded Russian soldiers, whose heroism is the wonder of the world.

Mrs. Churchill was presented with a gold badge "for her excellent work and energy as President of the British Committee." The funds received from Britain, not including the Dominions, exceed £9,000,000.

Mrs. Churchill, addressing a meeting, said she was deeply moved, and expressed the will of the British people who were imbued with feelings of sympathy and friendship towards the Soviet people.

Marshal Stalin received Mrs. Churchill most cordially. He realises our admiration and gratitude for the victorious valour of Russian troops.

### Treatment of Tuberculosis for the Troops.

We are glad to note that the treatment of men who have contracted tuberculosis during the war, is arousing interest, and it is most essential that modern treatment should be available for them—which it is not at present. *The Times* gives prominence to the matter and will no doubt inspire action. It reports that the Joint Tuberculosis Council recently issued a report on reorganisation, and its criticisms have been echoed in the medical Press. There are many first-class institutions with all the resources of modern methods, surgical and other, and in these, if admission be not too long delayed, the patient with early disease can be brought back to a state of health. The Government's scheme to relieve him of financial anxiety during the process is an important aid to cure, though it applies only to those with a more or less certain chance of recovery. The other side of the picture is gloomy. Many of the local authorities responsible for the tuberculous do not supply up-to-date and first-class treatment. Waiting lists have grown alarmingly. Beds are short and sufficient nursing and domestic staff is lacking. Mass radiography is likely to discover an increasing number of early symptomless cases of lung disease; for these prompt treatment is essential—and often it cannot be obtained.

For no group of the population is the situation so unsatisfactory as for the tuberculous patients in the Services. We nurses must do our utmost to help to restore our deliverers to health.

[previous page](#)

[next page](#)