

examination a simple, clear drawing will gain you as many marks as a pageful of writing.

Another excellent idea is to invite one or two, not more, fellow probationers to your room and then 'quiz' each other on a previously arranged part of the subject. To do this, one of you keeps her book open and from it asks questions of the others, checking their answers from the book. . . .

When you have become moderately well acquainted with any part of the subject, you can practise answering past examination questions on it. It is not sufficient to possess the necessary amount of knowledge to pass the examination. You must be able to express that knowledge, to put it down on paper in an adequate manner in the examination room. To help you to do this invite the co-operation of one of your friends.

Privately, each of you writes down two questions from the questions and model answers which form a feature of this book. . . . At a given time, meet in your room and, at the word 'go' from one of you, exchange the questions you have chosen. Allow yourselves half an hour for each question and then stop writing and compare your answer with the one given in the book.

Many nurses fear the 'prelim.' because it is something unknown. Plenty of practice along the lines I have suggested will remove much of this fear, for you will only be doing in the examination room something which you will have already frequently done in your own room. . . .

The preliminary examination is a thoroughly sound one; you are expected to know only the important facts, not a lot of confusing detail. The model answers concentrate on these facts and are not concerned with unnecessary detail. There is a fair amount of repetition in them, but this is essential, for you will find it helpful to have the same facts presented from a number of different points of view.

Bon voyage.

THE AUTHOR.

A. M. Spencer, in "The Nurses' Textbook of Anatomy and Physiology," presents on these subjects knowledge the nurse must have, by an enlightened method of question and model answers and examination tests. By this means knowledge which might otherwise be overwhelmingly difficult is intelligently absorbed by the student and she truly cannot learn blindly!

This book is a complete textbook for the Preliminary State Examination, incorporating over fifty model answers to questions set at previous State examinations. It is richly illustrated throughout and teachers would be well advised to encourage their pupils to acquire this work, "The Nurses' Textbook of Anatomy and Physiology"—a welcome acquisition to nursing education.

A. S. B.

THE DEATH OF SIR JOHN LORNE MacLEOD.

An Appreciation.

With the passing of Sir John Lorne MacLeod, Scottish nurses have lost a sincere friend and counsellor. He had been Chairman of the General Nursing Council for Scotland since November 18th, 1921, and during these 25 years guided and guarded its every activity. During the Council's early difficult years and throughout his long period of office, he gave unstintingly his energy and the wealth of his wise, clever, legal mind in helping to lay sure foundations for the status and education of nurses. Those who were associated with him in the work of the General Nursing Council for Scotland were continually impressed with his profound knowledge of nursing matters and his understanding of their professional problems. He was so truly kind to and sympathetic of the individual nurse. Nurses in Scotland mourn his loss; it is a deep personal sorrow and he is remembered with thankfulness and deep appreciation.

THE RH FACTOR.

A REVIEW OF RECENT ADVANCES.

John Hatcher, F.I.M.L.T.

Since the original discovery of the Rh or Rhesus factor by Landsteiner and Weiner in 1940, a considerable advance has been made in our knowledge of this rather involved but important subject. Soon after the Rh factor was investigated it was known that it was not simply a matter of classifying all individuals as Rh positive or negative, according as to whether or not their red blood cells contained the Rh antigen, but that there were a number of sub-groups of Rh positive genes. Individuals are classified Rh positive if their cells are agglutinated by serum containing Rh antibodies; this serum can only be obtained from mothers of babies with haemolytic disease of the newborn, or as the result of a Rh negative individual being given repeated transfusions of Rh positive blood. The clinical importance of the Rh factor is twofold, firstly as the factor mainly responsible for haemolytic disease of the newborn and secondly as a somewhat rare transfusion hazard. A very great deal of work remains to be carried out, before the full story of Rh serology and its implications are fully understood and almost daily new facts are being recorded. In the case of haemolytic disease of the newborn the usual set-up is an Rh negative mother and a Rh positive father giving rise to a Rh positive baby. Such a woman bearing a number of Rh positive offspring will become immunised to the Rh factor and will develop Rh antibodies, which will damage the blood cells of the foetus, giving rise to the condition variously known as haemolytic disease of the newborn, icterus gravis nennatorur, erythroblastosis foetalis, hydrops foetalis or congenital anaemia of the newborn, according to the type of clinical picture produced. The only hope for such a child is a course prompt and, if necessary, of repeated transfusion of Rh negative blood of a compatible A.B.O. group. In order that some warning of the possibility of such a condition arising it is now the practice in many clinics to determine the patient's Rh factor before she comes to term. This is very easily done at the same time as the blood specimens are taken for the Wassermann reaction, haemoglobin estimation and blood grouping,—measures that are now almost a routine. Actually no additional specimen is required, the factor can be determined on the specimen taken for the Wassermann reaction, clotted blood being desirable.

The Rh Gene.

There are seven Rh positive genes and one rh negative gene; every individual has two of these genes, one obtained from each parent and in due course will hand one of them on to his offspring. Therefore the genotype of any individual is going to be some combination of the seven Rh positive and one negative genes.

The genes are classified as follows:—

<i>Rh positive.</i>	}	<i>Rh negative.</i>
Rh <sub>1</sub> (Rh one)	} Big Rh	rh (little rh)
Rh <sub>2</sub> (Rh two)		
Rh <sub>0</sub> (Rh o)		
Rh' (Rh dash)		
Rh" (Rh double dash)		
Rh <sub>z</sub> (Rh z)		
Rh <sub>y</sub> (Rh y)		

In this nomenclature the Rh positive genes are designated by the use of a capital letter, or big Rh as it is called, while the negative is written with a small letter and known as little rh. The important point is that something like 85 per cent. of all white people carry one or more of the Rh positive genes and they are what is known as Rh positive. The remaining 15 per cent. have negative genes, that is two little rhs and are Rh negative. The genotype of an individual is expressed by the appropriate symbols of the

[previous page](#)

[next page](#)