

two genes he carries, for example, if he inherits Rh<sub>1</sub> from both parents, his genotype will be Rh<sub>1</sub> Rh<sub>1</sub>, or he may get Rh<sub>1</sub> and rh, when he will be Rh<sub>1</sub> rh. Each gene imparts to the red blood cells of the individual concerned the power of being agglutinated by certain combinations of Rh antibodies.

#### Method of Testing.

In general the work may be said to divide itself into two parts, the first and simpler is carried out in most large hospital laboratories and simply consists of determining whether or not an individual is Rh positive or negative, and testing for the presence of Rh antibodies in serum from suspected cases. Incidentally, it should be recognised that the laboratories carrying out the first part of this investigation will only be working with serum which will contain some type of Rh<sub>0</sub>, in other words they will be able to cover about 98 per cent., but it leaves the possibility of a 2 per cent. error. The second and more complicated part demands a stock of Rh anti-serum, much of which is rare and only likely to be available in laboratories specialising in this type of work. The work that such a laboratory would undertake would be the determination of an individual's genotype and identification of Rh anti-serum.

#### The Blocking Antibody.

Unfortunately for the supply of anti Rh serum, many of the mothers of babies with haemolytic disease of the newborn have the antibody coupled with a blocking antibody or "incomplete" antibody as it is called. No agglutination can be detected by the ordinary methods of investigation, but its presence can be unmasked by suitable test; such serum is not suitable for testing purposes.

#### Collection of Specimens.

Though the Rh factor may be determined on specimens of either whole or clotted blood, the second is preferable, for test for the presence of antibodies serum, that is clotted blood must be sent. When haemolytic disease of the newborn is suspected the Rh type of both the mother and child, and if possible the father should be determined. Frequently, of course, the mother's Rh is known.

A request should also be made for the mother's blood to be tested for the presence of Rh antibodies. Supplies of Rh antibody serum are scanty, and it must be clearly understood that this important work can only continue while adequate supplies of serum are available. Everybody concerned should make it a point of honour that no possible source of supply is missed, and every suspected case must have blood tested for the presence of Rh antibodies. Usually the serum reaches its highest titre, that is strength, about the 14th day after delivery, and it is at this time that donations of blood are usually made. If the value of this work is carefully explained to the patients, particularly if their own child has been saved by the transfusion of Rh negative blood, there is rarely any trouble in getting a reasonable donation of blood.

### INCREASED PAY FOR 7,000 DISTRICT NURSES AND MIDWIVES.

#### Public Health Nurses also to Benefit.

Higher pay for Superintendent Health Visitors, Superintendents of County Nursing Associations and District Nurses, as well as District Nurse Midwives and resident village Nurse Midwives, and other Public Health Nurses, is recommended by the Rushcliffe Committee, following a further review of the salaries of certain grades of nurses.

Mr. Aneurin Bevan, Minister of Health, has recommended the proposed new salaries to employing authorities for adoption. Increases are retrospective to 1st January last, and half their cost will be met by the Exchequer.

Comparable increases are also recommended for Superintendents and Assistant Superintendents of County Nursing Associations and of District Nurses' Homes and many others employed in Public Health work.

## MENTAL NURSING SALARIES.

### HIGHER PAY FOR SENIOR GRADES.

Higher pay and regrading to provide a greater number of senior posts are recommended by the Rushcliffe Committee which has now completed its review of salaries and conditions in the mental nursing services.

New grades recommended include those of Deputy Matron and Senior Assistant Matron.

One entirely new salary scale is that for Matrons of hospitals or institutions which are approved as training-schools and which have 1,330 or more beds. This is from £680 to £900, including emoluments of £250.

Increased salaries are proposed for Matrons of other similar hospitals or institutions, ranging from £430 to £550, including emoluments of £150 (former scale £380 to £505), where there are under 330 beds to £605 to £825, including emoluments of £200 (former scale £580 to £800) where there are between 670 and 1,329 beds.

The salary scales, also inclusive of emoluments, which are recommended for the new post of Deputy Matron range from £420 to £460 where there are fewer than 330 beds, to £475 to £575 where there are 1,330 or more beds. Scales for the additional post of Senior Assistant Matron range from £440 to £480 (330 to 499 beds) to £455 to £550 (1,330 or more beds).

Provision is also made for higher pay for Matrons and Deputy Matrons in hospitals or institutions which are not training schools. The new scales for Matrons, including emoluments, range from £410 to £480 if there are fewer than 85 beds to £505 to £655 where there are 500 or more beds (former salary was £350 to £400 and £425 to £575), and for Deputy Matrons from £380 to £450 to £420 to £460.

Additional recommendations are made in respect of Assistant Matrons, Sister Tutors, Home Sisters and House-keeping Sisters.

All salary increases are retrospective from 1st January last. Half their cost will be met by the Ministry of Health.

Increased salaries for nearly 30,000 nurses in mental hospitals and institutions were recently announced.

## THE GRENFELL ASSOCIATION OF GREAT BRITAIN AND IRELAND.

We have again been approached by the Grenfell Association of Great Britain and Ireland to announce to our readers that Christmas cards and calendars are available, as in past years, in support of the truly magnificent work carried on by the Association in Labrador.

The major population of Labrador consists of the fishermen whose ancestors left the shores of England in the 16th and 17th centuries for the deep sea fishing to be found off the coast of Labrador, and have continued their fishing and trapping ever since.

Until Sir Wilfred Grenfell sailed into their harbours over 50 years ago there was no resident doctor, but the calls of this steamer at the little ports were very short, very occasional, and the medical and surgical needs of the country were not even touched.

Now the Grenfell Mission carries on along a 1,000-mile coastline, ice bound for many months each year, and has organised five hospitals, one children's home, two boarding-schools, one supply vessel, four nursing-stations, one day-school, one hospital ship, and other smaller boats; clothing distribution, industrial, and agricultural centres are to be found at all stations.

Funds are urgently needed for repairs to over-worked and worn-out hospitals and nursing stations; and new equipment is necessary if they are to continue their fight to

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