

agreed that the time allowed for the Nursing Paper for the Examination of Fever Nurses be increased from 1½ hours to 2½ hours, such alteration to take effect as from the Examination to be held in June, 1946.

Assistant Nurses.

On the recommendation of the Assistant Nurses' Committee, 820 applicants whose applications were found to be in order were approved for enrolment, and the Registrar was instructed to enter their names in the Roll of Assistant Nurses.

House Committee.

The Council went *in camera* to consider correspondence with the Council's solicitor and the Council's surveyor in regard to the extension of the Council's premises, and agreed that no further action be taken at the present time in regard to the extension of the Council's premises.

Next Meeting of the Council.

The next meeting of the Council was fixed for March 22nd.

ASSISTANT NURSES' COMMITTEE.

As reported, the new Minister of Health, Mr. Aneurin Bevan, has restricted the Assistant Nurses' Committee to the duration of one year, the following having been re-appointed: Dame Ellen Musson, Miss D. M. Smith, Miss A. M. Burgess, Miss F. M. Campbell, Dr. H. M. C. Macaulay, Miss E. C. Pearce, Miss R. Dreyer, Miss L. Snowden, Mrs. W. L. Ford and Mrs. Henry Brook.

As Regulation 19 permits the use of the Registered Nurses' fees for financing the work, accommodation, etc., of the Assistant Nurses' Committee, by the General Nursing Council for England and Wales, we are made responsible, if necessary for paying for their rations and travelling expenses, etc., expenditure which we, as Registered Nurses, strongly resent.

ARMY NURSING SERVICE.

We deeply regret to announce the death of Miss J. Cairns, A.R.R.C., who died suddenly on 19th February at Queen Mary's House, Fleet. Miss Cairns trained at the London Hospital and served with the Army Nursing Service from 1909 till 1928. She served in France and Malta in the first World War and was awarded the A.R.R.C. in 1919.

The following Sisters of the Army Nursing Service previously reported missing in Malaya since February 15th, 1942, are now presumed killed in action at sea. They courageously gave of their best to the end.

D. H. Tombs, Q.A.I.M.N.S. (The Poplar Hospital, London.)

H. L. Montgomery, Q.A.I.M.N.S. (St. Thomas's Hospital, London.)

M. H. Fowler, Q.A.I.M.N.S. (Edinburgh Royal Infirmary.)

M. R. Finley, Q.A.I.M.N.S. (St. Thomas's Hospital, London.)

E. N. Ayers, Q.A.I.M.N.S.(R) (University College Hospital.)

C. H. Clewett, Q.A.I.M.N.S.(R) (St. George's Hospital, London.)

A. J. Hervey-Murray, Q.A.I.M.N.S.(R) (Royal Hampshire County Hospital.)

L. S. Symonds, Q.A.I.M.N.S.(R) (London Hospital.)

I. Wright, Q.A.I.M.N.S.(R) (Smithdown Road Hospital, Liverpool.)

A. W. Muir, Q.A.I.M.N.S.(R) (General Hospital, Leith)

A. A. Ingham, T.A.N.S. (Park Hospital, Davyhulme, Manchester.)

E. Strachan, T.A.N.S. (West London Hospital, Hammersmith.)

HEALTH SERVICES IN A SCHOOL OF NURSING.

The Advisory Committee on Nurse Education to the Surgeon-General, U.S. Public Health Service, recently adopted a health programme for student nurses. The U.S.P.H.S. recommended, reports *Public Health Nursing*, that these procedures be quickly incorporated in the health programmes of schools of nursing and that they be used as a basis for setting standards for maintenance of student health. Since health hazards not found in many other fields exist in nursing as a profession, it was felt that all schools of nursing and hospitals assisting in training student nurses have a responsibility to provide a health programme adequate for the minimisation of these hazards in order to prevent loss of time, promote maximum efficiency and assure graduation of students in good health.

A health programme for schools of nursing should include a health director, preferably one who has had post-graduate public health training, having general administrative training, having general administrative responsibility for carrying out all phases of the student nurse health programme; an advisory council to act as consultants to the director in matters of general policy, particularly in the area of primary responsibilities of the hospital or of the community; and an operating committee, consisting of the actual health programme staff and a student representative, to determine the details of operation of the health programme and co-ordinate its several phases. The programme administered by the director and his committees should cover:—

1. A complete pre-entrance medical and dental examination by members of the hospital staff.
2. Matriculation immunisations for smallpox, typhoid fever, and diphtheria, with immunisation against tetanus toxoid optional.
3. Designation of a physician, dentist and graduate nurse to be available regularly for students requiring care for illness or injury, the last assigned to act as health counsellor to students in addition to furnishing nursing care as needed.
4. Provisions for separate infirmary facilities for care of students with minor illnesses.
5. Provision for annual follow-up complete medical and dental examinations and correction of any defects found, including a terminal examination before graduation.

Other phases of a complete and well-rounded health programme for student nurses are not directly devoted to the individual, but none the less have an important part to play in her well-being. Food handlers in the school of nursing and hospital should be required to take a pre-employment physical examination and should be trained in sanitary methods of food handling and personal hygiene. All graduate staff nurses and other hospital personnel should be given an annual medical and dental examination, including chest X-ray. All communicable disease cases should be properly isolated. A qualified dietitian should supervise the selection of menus and preparations of meals. Hours of duty, including classroom instruction, should not exceed 48 per week, work and study conditions properly regulated, and a total of not less than 10 weeks of vacation each year during training given to all students. Definite amounts of sick leave, preferably two weeks per year, should be allowed. A mental hygiene programme, preferably under the direction of a psychiatrist, should be available to the students both individually and in groups. Formal instruction in personal and community hygiene should be given early in the training course.

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