

The following telegram was sent on 1st February, 1949, to Her Majesty Queen Mary, Commandant-in-Chief of Queen Alexandra's Royal Army Nursing Corps:—

"WE SEND OUR MOST LOYAL AND HUMBLE GREETINGS TO OUR COMMANDANT-IN-CHIEF, HER MAJESTY QUEEN MARY, ON THIS DAY OF THE INAUGURATION OF QUEEN ALEXANDRA'S ROYAL ARMY NURSING CORPS."

The gracious reply received from Her Majesty was as follows:—

"BUCKINGHAM PALACE.

TO MATRON-IN-CHIEF, WAR OFFICE.

I AM DEEPLY GRATEFUL FOR THE MESSAGE OF LOYAL GREETINGS FROM QUEEN ALEXANDRA'S ROYAL ARMY NURSING CORPS. I SEND THE CORPS MY WARMEST GOOD WISHES AND I TRUST IT WILL MEAN AS MUCH TO SOLDIERS IN THE FUTURE AS QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE MEANT TO SOLDIERS IN THE PAST.

MARY R. COMMANDANT-IN-CHIEF."

Report on Deaths of Babies.

The findings of an expert medical committee, set up by the Ministry of Health to investigate the causes of the number of deaths of babies each year, have been enumerated in the Report of the Committee just published.

"The evidence goes to show that the present neonatal mortality and stillbirth rates could be reduced by one-third to one half, and if they were, there would be a saving of about 15,000 babies each year in England and Wales alone."

This view is expressed in a Report* on Neonatal Mortality and Morbidity prepared by a Joint Committee of the Royal College of Obstetricians and Gynaecologists and the British Paediatric Association and published on March 3rd by the Ministry of Health.

It is apparent, states the Report, that a more general application of present-day knowledge of obstetrics and paediatrics by the medical and nursing professions and by those responsible for social services and for administering hospital and domiciliary midwifery services would result in a further reduction in the neonatal mortality rate. Similarly, if every pregnant woman received first-class medical and nursing supervision during pregnancy and labour, the stillbirth rate could also be appreciably decreased.

In their Report the Committee discuss in detail statistical, medical and clinical aspects as well as the social and economic factors involved.

Among many points mentioned in the Report, the Committee find that the planning and conduct of maternity units should be closely linked with or form part of a general hospital. "In all cases it is necessary to ensure maximum dispersal of patients and the prevailing system of accommodating mothers in wards and of crowding their babies into small nurseries is dangerous from the standpoint of infection and must be strongly condemned."

A Maori Woman Doctor.

The first Maori woman has qualified as a doctor. She is Mrs. Rina Moore, of Waipawa, Hawkes Bay, who, like her husband, has been a student at Otago University. She studied hard to within a few days of having a child and then returned to complete her course while her husband looked after the baby.

* No. 94 in the Ministry of Health Reports on Public Health and Medical subjects; Published H.M.S.O., Price 1/6.

National Council of Nurses of Great Britain and Northern Ireland.

A MEETING of the Grand Council of the National Council of Nurses of Great Britain and Northern Ireland was held at the Hospital for Sick Children, Great Ormond Street, London, on Friday, February 25th, 1949, at the kind invitation of Miss D. A. Lane, S.R.N., the Matron.

Miss K. F. Armstrong, S.R.N., S.C.M., D.N., President, presided.

It was with regret that the President announced the resignation of the County and County Borough Hospital Matrons' Association, no longer existing since the passing of the National Health Act. Appreciation was expressed of the support given to the National Council by this Association since its affiliation in 1931.

It was stated from the Chair that when voting on matters was necessary, a majority of two-thirds votes of those present at the meeting must be obtained before a decision could be made.

Replies to Questionnaire.

Replies were reported to the questionnaire sent out to all affiliated associations concerning the financial scheme to be adopted for the future work of the National Council, and the means by which duplicate *per capita* fees can cease to be paid to the International Council of Nurses.

Scheme II, which we publish on this page, was adopted dealing with the estimated annual income of the National Council.

SCHEME II.—This scheme sets out an income, sufficient to pay the International Council of Nurses fees.

No. of Associations in N.C.N. at present.	Membership at present figures.	No. Delegates.	Total Delegates.	Fees per Delegate.	Fees per Association.	Total Fees.
				£	£	£
1	Up to 99	1	1	15	15	15
18	100—249	2	36	15	30	540
13	250—499	3	39	20	60	780
11	500—999	4	44	25	100	1,100
6	1,000—1,499	5	30	30	150	900
3	1,500—1,999	6	18	35	210	630
—	2,000—4,999	7	—	35	245	—
—	5,000—9,999	8	—	40	320	—
—	10,000—14,999	9	—	40	360	—
—	15,000—19,999	10	—	40	400	—
—	20,000—24,999	11	—	50	550	—
1	25,000 and over	12	12	50	600	600
53			180			£4,565

In connection with the identification of all members of the National Council through the affiliated leagues and associations by means of particulars of names, addresses and training schools being forwarded to headquarters, three associations notified their refusal to comply with this regulation.

The Royal College of Nursing and an Independent Survey of the National Council.

Upon the request of the Royal College of Nursing that an independent survey be made of the National Council of Nurses, Miss Helen Dey, the President of the League of St. Bartholomew's Hospital Nurses, delivered a masterly objection to this suggestion, saying that a survey was completely unnecessary, would do harm to the National Council,

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