

post-graduate Colleges? Can we not revive the old spirit of competition, industry and pride in our personal achievements? Ought not Nurses to advance to the senior posts on their merit and sustained endeavour?

Many learned citizens, holding high public office believe that England and her Empire are set for the fall. Signs of decay are only too evident, and in our own particular walk of life the signs are glaringly apparent, by our indolence, love of easy living and the aversion to struggle for our daily bread. By removing obstacles and hardships we remove initiative and endeavour, and life loses its flavour. But it is never too late to mend!! Let's cry a resounding "Halt" to Rake's Progress and settle down, whilst there is yet time, to re-shape and glorify our profession. Time is relentless and swift in passing, and it never returns. We who live today, make the history of tomorrow. Let it not be a shameful period in our profession, but equal in glory and endeavour to the era about which our brightest pages were penned.

G. M. H.

The Birthday Honours.

HIS MAJESTY THE KING has conferred Birthday Honours upon his subjects in which some members of the Nursing Profession are recipients.

C.B.E.

Miss Olga Franklin, Matron-in-Chief, Queen Alexandra's Royal Naval Nursing Service.

ROYAL RED CROSS

Queen Alexandra's Royal Naval Nursing Service.

FIRST CLASS R.R.C.

Superintendent Sister E. J. Lee.

SECOND CLASS A.R.R.C.

Senior Nursing Sister M. M. Phillips.

Queen Alexandra's Royal Army Nursing Corps.

FIRST CLASS R.R.C.

Lt.-Col. F. M. Lowther, Major E. J. Stirling.

SECOND CLASS A.R.R.C.

Major G. Mudge, Major M. M. Winny, Captain A. Flanagan.

Princess Mary's Royal Air Force Nursing Service.

FIRST CLASS R.R.C.

Miss G. E. Butler.

SECOND CLASS A.R.R.C.

Miss G. L. Pilgrim.

ORDER OF THE BRITISH EMPIRE

D.B.E.

Mrs. Kimmins, Founder of the Heritage Craft Schools, Chailey, Sussex.

O.B.E.

Miss A. Rowland, Q.A.R.A.N.C.; Miss C. H. Alexander, R.R.C., Matron, The London Hospital, Whitechapel, and member, National Advisory Council on Recruitment of Nurses; Miss E. M. Shaw, Matron, Women's Hospital, Sydney, N.S.W., Australia.

Diseases of the Nail.

By L. Goddard, S.R.N.

THE NAIL IS A PROTECTIVE COVERING of the terminal phalanges of the fingers and toes, it is elastic, flattened and horny and is subject to few diseases, but show changes in various diseases of the system.

Atrophy of the nails may occur when they become thinned, dry and discoloured, as seen in cases of disease of the spinal cord, typhoid or inflammation of the skin below the root and body of the nail called the matrix, from which the nail is produced.

The nails in gouty persons are often hard and brittle and show longitudinal grooves; but in constitutional diseases the grooves run in a transverse direction, unless there is some interference with the nail's nutrition; these grooves serve to date the illness inasmuch as the grooves may be seen half way up the nails after three months' illness, and further up the nails as the months pass, and to have completely grown to the finger edge, the nails being perfect again in exactly six months.

Finger nails grow at the rate of about one-eighth of an inch in a week, but toe nails grow more slowly.

In cases of anaemia the nail becomes spoon shape, and after treatment has been given becomes normal again. Curving of the nails may be seen also in cases of phthisis and in chronic cardiac disease and in some wasting diseases.

In various skin diseases such as eczema and syphilis, the nail becomes inflamed, rough, discolours and splits into layers.

Injury to the nail due to a blow often causes hæmorrhage beneath it, which causes the nail to turn black. Relief from the pain may be given by making a small puncture in the centre of the blackened area and applying a dressing, thus easing the pressure.

The nail will be shed, and in the course of six months a new one will have taken its place, unless the bed of the nail is too severely injured.

Paronychia or inflammation at the root of the nail is often called a Whitlow, where suppuration may commence in the sheath of the tendon, in front of the finger or thumb, or an abscess may occur in the fibrous tissue in the pulp of the finger, due to infection of bacteria, often called staphylococcus, caused often by a splinter of wood, and may be relieved by incision.

Ingrowing nails effect only the toe nails, and are due to several causes, the chief ones being the wearing of badly fitting shoes, the cutting of the toe nails at the corners, and the want of care and attention to the nails, causing dirt to collect beneath them; ulceration takes place at the sides, and consequently there is a great deal of pain and discomfort when walking.

Treatment consists of the wearing of properly fitting shoes, and the nails cut straight across and not cut down at the sides as for the cutting of the finger nails. Relief and treatment can be given by a chiropodist.

Miners' National First-Aid Competition.

East Midlands Team Win Mitchell-Hedges Trophy.

Woodside Colliery, Derbyshire, won the Mitchell-Hedges Trophy in the miners' national first-aid competition at the Central Hall, Westminster, on Saturday, June 24th.

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