

categorically that we will not have young girls in our hospitals to help us nurse our sick people? Is it too late for us to take our affairs into our own hands, and state what we will have, and what we will do? We are numerically strong and powerful. Let us use our power and impose our will where it will most be felt. Who can gainsay us, if we speak with one voice, one heart and one mind?

We want back our one portal of entry to our Profession! We want back our self-elected majority on our General Nursing Council with full statutory powers. We want "squatters" and their Roll, assessors, and all that belongs to them out of our own Headquarters. We want children out of our ranks. We want freedom from suffocation by lay administrators, and we want to conduct our own affairs in our own way. We want dignity and status for our Matrons and Senior Nurses, and we demand that promotion be the reward of diligence, study and experience.

The main body of our Profession is ready with loyalty and enthusiasm to follow a courageous leader to even greater victories and glories. We must be steadfast, strong and determined to shape our own destiny. Indeed, we have nothing more to lose, and everything to gain. Who will come forward to lead us to this new destiny?

G. M. H.

### Twenty Swedish Matrons Visit England.

IN APRIL OF THIS YEAR it was learned that 20 Swedish Matrons were coming to spend some time in London and the Provinces.

Arrangements have gone forward, and when these ladies arrive at St. Pancras station on July 31st they will find a very full itinerary awaiting them, provided by the National Council of Nurses of Great Britain and Northern Ireland, of the hospitality to be extended to them.

Coach tours of London have been arranged; invitations have been accepted for them for visits to the General Nursing Council for England and Wales, the Governing Body of the Nursing Profession; to the Wellcome Historical Medical Museum.

They will be entertained by the Matrons of: St. Thomas's Hospital; the Middlesex Hospital; the Peppard Sanatorium, Henley-on-Thames; the Radcliffe Infirmary, Oxford; the Great Ormond Street Hospital for Sick Children; St. Bartholomew's Hospital; and the Harefield Sanatorium.

No doubt these ladies will be impressed on visiting some of our ancient foundations, of which the British people are so proud, chosen for them—our peerless Westminster Abbey, where they will be received by Dr. Don, the Dean, and St. Paul's Cathedral, watching over the war-scarred ruins of the ancient City of London; the time-honoured seat of learning at Oxford, unique in its stately Colleges; to travel on to Windsor, the historic home of the Kings of England.

The journey to the Provinces will bring them to the superb edifice of Winchester Cathedral which will precede a tour of Embley Park, at one time the home of Florence Nightingale; further west they come to the Shakespeare country, Stratford-on-Avon.

Two hospitals at Birmingham will be visited before reaching Derbyshire and Lea Hurst, the childhood

home of Florence Nightingale, now a memorial to her for the benefit of the Nursing Profession.

The journey back to London will include a tour of Papworth, a hive of industry on the most humanitarian lines, in its idealistic method of treatment for those suffering from tuberculosis who are fortunate enough to be within its fold.

We trust that these ladies from Sweden will take back as happy a memory of England as those of this country remember of Sweden.

### An Interesting Appointment.

THE NATIONAL COUNCIL of Nurses of Great Britain and Northern Ireland informs us that there is a vacancy for an Associate Executive Secretary to the International Council of Nurses. Applicants should possess good professional qualifications and have had experience of committee work and should apply for further particulars to the Executive Secretary of the I.C.N., 19, Queen's Gate, London, S.W.7. The salary is at the rate of £800 rising to £1,100 per annum.

### Corns and Bunions.

By L. Goddard, S.R.N.

CORNS ARE DUE to a localised thickening of the outer layer of the epidermis. It is a small hard growth of a conical shape pressing on the papillae beneath; the wider area consisting of a thickened callosity, due to the wearing of badly fitting shoes.

This causes friction or excessive pressure, or it may be due to tightness or unevenness of the sole of the shoe which may cause a corn to form on the foot.

Soft corns often appear between the toes and are usually moist and thus called soft corns, causing tenderness, inflammation and pain.

The cause of bunions is due to badly fitting shoes also, but here a large swelling occurs which may be inflamed; the condition is found over the joint of the great toe, the skin is thickened and the toe bending inwards causes the head of the metatarsal bone to protrude unduly outwards.

Treatment: The wearing of properly fitting shoes or boots is essential, not too short or too pointed, as not only will corns and bunions appear, but hammer toes may be formed. This occurs when the toe becomes doubled up at its two joints and resembles the head of a hammer, and even corns may appear on the bends of the joints.

Relief for corns may be obtained by removing any pressure on them, by applying a ring of felt or a corn pad, which must be fairly thick, and strapping it on.

The corn may be removed by soaking the foot in hot soapy water until the corn is soft, then cut or scrape away. The site of the corn should now be dried and covered up with adhesive or elastic strapping.

Another method is to apply, after drying the foot, salicylic acid collodion, and then strap on to the toe a corn plaster; this will soften remains and break up the corn, which may then be easily picked away.

Bunions may be treated by applying a rubber pad between the great and second toe, but should the bunion be of long standing an operation in which it may be excised will effect a quicker remedy.

[previous page](#)

[next page](#)