

morning, followed by a conference in the afternoon. The first speaker was a professor of medicine, whose subject was the effect on medicine of the advances of the last twenty years. He said that these advances were so great that he had decided to approach them from one angle—the angle of their effect on the doctor and the nurse. The most striking difference if you compared the notes of patients of fifty years ago, with those of a patient of today, were that whereas in the past the patient was very carefully examined and questioned, today a large number of supplementary examinations were done which made diagnosis more exact and scientific. With the discovery of hormones, vitamins, new remedies and the perfection of techniques, it was essential to remember that careful examination and questioning of the patient remained the focal point. In addition to the modern advances and the introduction of full consideration of the social aspects of medicine, exactitude and discipline—qualities not always taken into consideration—were necessary. In medicine and in nursing, there were the same difficulties throughout the world, but the same qualities of punctuality and conscientiousness and of the sense of responsibility were needed everywhere. The nurse, like all doctors, had to remain a learner throughout her career and to keep the patient, “the man who suffers,” in the centre of the picture, taking a personal interest in his problems and his psychology. The nurse and the doctor were alike pressed to find time for this by many duties “mais il faut avoir le temps,” he concluded.

Next, a patient spoke of the nurse from her angle, stressing the importance of the vocational approach to nursing, the kind word, the pleasant smile, the good humour, the sympathetic manner and respect for the patient as an individual. She spoke of her sympathy for the young nurse on account of the responsibility of her work and of the difficulties which followed lack of punctuality on the part of the doctor, throwing the nurse's time-table out of gear. Next a French nurse took M^{lle}. Bihet's place in speaking of the position of the nurse, saying that in France, the nurse had not the same advantages of status and salary as the nurses of many countries—particularly the Scandinavian and British groups. These they must work to get, and she made a rousing appeal to all those present to make the work of the Association better known.

Finally, a second medical man spoke of dangerous treatments, touching especially on the uses of curare and pyramidal. He pointed out how curare, itself a dangerous drug, might help to relieve the spasms of tetanus, but that other drugs like pyramidal, though not dangerous in themselves, could be abused and used dangerously. In the evening, after a dinner which about two hundred attended, and at which they cheered their foreign guests vociferously, there was a delightful display of Alsatian dancing in the typical native costumes. Here, the emerald skirts and embroidered black aprons and bodices of the girls, with their large black bow-headdresses engaged the eye as much as the scarlet waistcoats and gold buttons of their partners, and their attractive dances, which included complicated quadrilles and mazurkas, and the lilting native airs, played by a brass band in similar costume. Everyone thoroughly enjoyed the entertainment, which was punctuated by a talk on Alsatian folk-lore and songs by student nurses from the Strasbourg School of Nurses.

Sunday began with special services and the annual general meeting of the Association of State-registered Nurses, at which a vote of acknowledgement and thanks to the retired President, M^{lle}. Johannes, was passed with prolonged acclamation; the subscription to the Society was raised by 33½ per cent., from 300 to 400 francs. The meeting was characterised by the free discussion and enthusiastic support which was evident among the 200–300 nurses present, who came from as far afield as Bordeaux, Lyons, Normandy, Brittany, Paris and Rouen.

This finished the business programme, but visits to the beautiful city of Strasbourg and excursions to the lovely hills

and mountains in the neighbourhood, and to hospitals and allied institutions, rounded off an excellently balanced programme, which unfortunately, I could not complete. British nurses will congratulate France on its enterprise and particularly M^{lle} Héring and the local regional president, M^{lle}. Yetter.

KATHERINE F. ARMSTRONG,
President, National Council of Nurses of
Great Britain and Northern Ireland.

Report of the Ministry of Health.

For the Year ended March 31st, 1949.

(Concluded from Page 73.)

Tuberculosis.

The over-all mortality from all forms of the disease reached a new low record in 1948 (505 per million living). A notable exception to this general improvement is found among males over the age of 55; the mortality experienced by females at this age was only from one-fourth to one-fifth of that of the males. The proportion of deaths from tuberculosis occurring in persons not notified before death remains high and is increasing.

The continuing shortage of institutional accommodation impeded the segregation of infective patients from their home contacts, and, although measures were being taken to bring modern treatment into the homes of patients, it was difficult there to enforce the necessary isolation, and so many of the 9,000 patients on the waiting list were a grave danger to their contacts. If all the beds already provided could have been made available for use, more than one-third of these patients could have been brought under institutional treatment and education, and thus isolated from their families.

On June 30th, 1948, 29,420 patients were receiving institutional treatment and 9,210 were on the waiting lists. About 10 per cent. of the provided beds were temporarily not available, four-fifths on account of shortage of domestic and nursing staff.

Mass Radiography.—Some 966,000 civilians were examined by mass miniature radiography during the year, bringing the total number of persons examined in England and Wales up to December 31st, 1948, to 2,985,607 (1,718,155 males and 1,267,452 females).

Of the total numbers examined 94.4 per cent. were found at the time to have no abnormal chest condition. Previously unsuspected active tuberculosis of the lungs was revealed in slightly less than 4 per 1,000 (11,279 persons) 2.3 per cent. had inactive or “observation” tuberculosis of the lung.

The results did not suggest any association between incidence and work in any of the main occupational groups. An epidemiological study of the disease in industry by Doctors Alice Stewart and J. P. W. Hughes supported this by finding that there is no evidence of a specific industrial hazard in boot and shoe factories (where in fact the death-rate for diseases other than tuberculosis is below average), although they suggest that it may yet be shown that size of working unit is an important factor in determining disease incidence in any occupation.

B.C.G.—The intention in the first place is not to encourage general inoculation of the public at large but to concentrate on those groups of the population considered to live at a more than average risk of tuberculous infection.

Public Health Laboratory Service.

The Public Health Laboratory Service continues to expand and take an ever increasing share in preventive medicine as is shown in various directions such as the great value now attached to Vi-phage typing; the success of a new method in the bacteriological examination of sewage;

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