The Nurse Dolls have accepted an invitation to the exhibition which is to be held at the Mansion, Victoria Park, Keighley, next June, and they are asked to Blackpool in September. As the proceeds of the former are to go to the Cottage Hospital, it is specially appropriate for the dolls to give their services on the occasion. The Blackpool and Keighley Committees have arranged to re-dress and renovate them. How many of the correspondents who made such kind offers lately to help with the dolls will assist us instead to add to The Hospital Collection of nursing uniforms? We want a sample of a pretty and suitable Cottage Hospital outfit, and we shall be glad to hear from any readers who are willing to send dolls dressed in the following uniforms, as we wish to have the collection made as complete as possible: Nottingham Children’s and General Hospitals, Oldham Infirmary, Penzance and Peterborough Infirmary, Devon and Cornwall Hospital at Plymouth, Ramsgate Infirmary, Rhyll Children’s Hospital, Richmond Hospital, Rochdale Infirmary, Rotherham and Rugby Hospitals, Ryde and Salisbury Infirmary, Stafford General Infirmary, Royal Hospital, Ventnor; Worcester General Infirmary, Victoria Hospital, Guernsey. Dolls should be sent before June 17th, to Editor, 428, Strand, marked “Dolls” in left hand bottom corner of address card.

TRAINED NURSING IN WORKHOUSES.

We have already referred to the memorial which the Workhouse Infirmary Nursing Association has addressed to the Local Government Board, and we feel sure that our readers will cordially wish success to the movement. The proposals submitted are certainly excellent ones, and there ought to be no hesitation in granting them. Proofs are not wanting that each suggested reform is urgently required, for the newspapers every week bear testimony to existing abuses. The following are some of the suggestions offered to the Board. The nursing of the sick inmates by trained nurses only, the services of paupers being confined to scrubbing and cleaning. The provision of proper nursing for the sick during the night. The importance of placing a trained superintendent nurse in those infirmaries where three or more nurses are employed. The total separation of the sick from the able-bodied, by placing them in separate buildings. The careful separation of the Lock patients from the other patients, and provision for their effective nursing. The provision of expeditious and efficient means of calling aid, either medical or administrative, in the night. The appointment of a few women inspectors, in addition to the present inspectors, especially with a view to supervising the Nursing Department in Infirmaries and Workhouses.

PITY THE CHILDREN!

If the rearing of children is looked upon as the training of future citizens, surely the duty of ensuring to them sound minds and healthy bodies must be conceded. It is a pity this fact has not been instilled into the mind of the gentleman who proposed the other day that the person appointed to take charge of the children’s ward in a workhouse should relieve the infirmary nurse at night. The care of children can only be conscientiously undertaken by women who enjoy good health and possess even tempers. How long could either be maintained under such a nervous strain as the one proposed? The poor little paupers have evidently been grievously neglected in the hands of certain old women, and a change of caretakers is promised. Nearly everyone present at the meeting agreed that a paid nurse ought to succeed the various incapable paupers who have kept the poor babies neither clean nor sound. Only one or two thoughtful men advocated an active competent nurse, one who would have a moral influence on these forlorn little waifs. The majority of guardians, however, selected a broken-down person who has acted as nurse for “a great number of years” in the same institution. That she has broken down “more mentally than physically,” is hardly a cause for congratulation to the children. No doubt it is cheaper to employ than to pension a faithful old servant, but have the children themselves no claims on the hearts as well as the pockets of those who are themselves neither destitute nor helpless?

UNWILLING DEPARTURES.

Men enter hospitals as patients from various classes of society and suffering from every possible disease. But they can mostly all be sorted into two divisions, viz., those who want to stay in, and those, who wish to go out. Men who voluntarily enter the wards a second time are usually in no hurry to depart. They have probably returned with the hope of a cure, and also with reminiscences of having “found themselves very comfortable” on the previous occasion. Strangely enough, it is not always the man with the best home who pine to return to it; oftentimes ‘tis the poor creature whose general surroundings are most miserable, who gets restless under routine and wishes for his discharge. Healthy workmen fidget and worry when first confined to bed, entreating the doctor for leave to get up whilst their fractured limbs are still in splints. By degrees they settle down, and not infrequently towards the end of the time ask to stay in another week or so because “it’s so awkward” getting about elsewhere. The patients in medical wards are uncertain, some serious diseases being attended with symptomatic restlessness, and the sufferer, like a child, “does not know what he wants.” At home he craves for hospital treatment, and when undergoing it he prays to be sent out again! But there are certain elderly people, not very old, perhaps, but feeble and spiritless, and, alas! “not wanted” by any one. These men, with pathetic earnestness to be kept in a little longer, and they dis-
cover a new ailment at each visit of the doctor who knows he ought to send them home, but finds the duty made very hard by the sad appeal for “just a few days more, please sir!”

A WISE APPOINTMENT.

It is with great pleasure that we record the appointment of Miss Mowatt, who was trained at St. Thomas’s Hospital, to the post of head nurse at Steyning Infirmary. Miss Mowatt is not only fully trained, but she has had most valuable experience at the large workhouse infirmary at Birmingham during the last four years. No one who has seen the Birmingham Infirmary lately can fail to be impressed with the excellent organisation of its nursing department. Miss Mowatt’s testimonials show that she has proved an able assistant to the Matron, Miss Gibson, with whom she has had the good fortune to work. Certainly the appointment of Miss Mowatt at Steyning may be looked upon as a fair proof that the question of trained nurses for workhouse infirmaries is being wisely considered in certain parts of England.

A SERIOUS WARNING.

PROBABLY no one can accurately compute the number of persons suffering from infectious diseases who, at some stage of the illness, make use of public conveyances without the driver having any knowledge of the fact. This disastrous proceeding is often the result of wilful ignorance, the perpetrator shrinking from putting preliminary questions which may obtain inconvenient replies. A nurse at Cardiff recently conveyed a patient with diphtheria in a cab without warning the driver, and her defence that she did not know the disease was notifiable did not prevent the magistrate from imposing a fine of £5 and costs, or a month’s imprisonment with hard labour. Public safety must be protected, but so must nurses, and it would be well to know whether a code of rules regarding infectious diseases exists at the Nursing Home into which the child was taken, and if the nurse herself is thoroughly trained and holding a responsible position.

"THE FLORENCE NIGHTINGALE PLEDGE."

UNDER this title the following pledge has been recently administered to the nurses who have earned the badge bestowed by the Farrand Training School (U.S.A.) We quote from the Detroit Free Press. “I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity, and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my profession. With loyalty will I endeavour to aid the physician in his work, and devote myself to the welfare of those committed to my care.”

ANOTHER NEW NURSES’ HOME.

At the Farrand Training School, U.S.A., the working hours of the nurses have been reduced to eight, leaving sixteen for study, lectures, recreation, and rest. It is anticipated that the results of this arrangement will be beneficial to the health of the graduates. Certificates are given at the end of two years, and “it is intended that each nurse, before graduation, shall have care of the sick in private families,” says the Detroit Free Press. In other words, the nurses are to attend a certain number of private cases in the course of their two years’ training. A beautiful Home for the staff is now completed, and numerous friends having offered to assist in the furnishing of the rooms, it will not be long ere the Farrand nurses are in most comfortable quarters. “The Duffield Cottage” is another handsome donation received by the school to provide isolated accommodation for the nurses in charge of scarlet fever and diphtheria patients. We need hardly add that all the fittings in the Home and the Cottage are of the most modern and convenient description.

SHORT ITEMS.

A SERIES of lectures on sick nursing are to be given at Romiley, by Miss Kirkby, in connection with the Technical Instruction Committee of the Cheshire County Council.—Miss Dell is giving a short course of lectures on sick nursing at Prescail, under the Lancashire Technical Instruction Committee.—A course of lectures on the same subject has just been completed at Wirksworth, they were given by Miss Cooke, under the auspices of the Derbyshire County Council.—The nursing staff of the Women’s Hospital, Chelsea, has been augmented, and Sisters and Staff Nurses have been nominated.—Excellent work has been done by the Blackpool Ladies Sick Poor Association during the past year, and the accounts appear to be kept in a clear and satisfactory manner.—The Ormskirk Local Government Board have sanctioned the payment of a subscription of five guineas to the Southport and Birkdale District Nursing Association.—Last year the North London Nursing Association sent away one hundred and fourteen convalescents to various homes for varying periods.

"THE HOSPITAL" ENDOWED BED.

UNDER this heading we have chronicled for some time past the subscriptions which have been sent in to us towards the annual support of the nurses’ bed—£19 9s. was the total reached last week, including 10s. collected by Nurse Elliott, and £10 11s. is therefore still required to make up the £30 needed for the current year. We shall be glad to hear from any amongst our numerous readers who sympathise with sick and weary nurses. Everyone’s thoughts are just now drifting towards holidays, with a keen realisation of the fact that all will be better for a little change and complete rest. It is well to remember that though certain of our sisters are now, we rejoice to say, receiving fair and just remuneration for their work, and can afford to take proper holidays, yet there are a great many good workers who receive but small wages. Clothes, shoes, travelling, recreation, and sometimes contributions towards the support of needy relatives, must leave actually no balance for the expenses of the holiday which temporary indisposition renders an actual necessity. Thinking of those who are weary and ailing and poor, surely our readers will gladly make up the modest sum of £30 needful to maintain one free bed for the use of those tired nurses whom we here represent. All sums sent to the Editor, 428, Strand, will be acknowledged immediately.
Sanitation for Nurses.

By a Sanitary Inspector.

VI.—SPAIN.

In Spain we confess to being specially surprised to find the laws and regulations for sanitary matters, at least as laid down by the Government, more complete and enlightened than might have been expected from the generally backward condition and the extremely slow rate of advance in that country, as compared with others on the Continent. But although the laws are excellent, and the administrative machinery whereby a board or council for the control of sanitary matters is provided for every town, is very complete in its way, nevertheless the people in general reap but little benefit, and we constantly find epidemics occurring on a large scale, and but inadequate attempts made to effectively check them. The reason for this unfortunate state of affairs lies in the fact that the authorities to whom is entrusted the duty of carrying out the laws and regulations are so indifferent, and so little alive to, if not ignorant of, the great importance of sanitation, that they do as little as they possibly can, short of being brought unpleasantly to the notice of the civil authorities in Madrid.

In Spain we find the supreme authority in sanitary matters is vested in the "Minister de la Gobernacion," whose duties correspond as nearly as possible with those of our Home Secretary, or of the Minister of the Interior in other countries abroad. Under the control of this Minister is a Sanitary Council, or equivalent to a kind of "Board of Health," which consists of the Minister himself as President, of a Vice-President, the three Directors-General of Sanitation—civil, military, and naval—the chief of the navy, a lawyer, five professors of medicine, three of pharmacy, one of veterinary science, a civil engineer, architect, and several others.

In addition to this control and supreme authority, in each of the various provinces there is a Civil Governor, who has the direction and control of sanitary matters in his own province. He has to send in reports at regular intervals to the chief authority at Madrid.

In the capitals of the various provinces there are what are called "Provincial Boards" or "Committees of Sanitation," of which the Governor of the Province is President, and these councils supervises all local sanitary arrangements, and frame regulations for their immediate district.

In every town of over 1,000 inhabitants there is a "Municipal Board," of which the "Alcalde" is the President.

Moreover, in every judicial division is a sub-board composed of three members who are called "Sub-delegates of Sanitation;" one of these is a qualified medical man and represents medicine and surgery, another member represents pharmacy, and the third, veterinary science. The duties of these sub-delegates are varied and extended. They are expected to see that all the laws relating to every branch of sanitation are thoroughly and efficiently carried out, and in the event of an epidemic of infectious disease breaking out in their division, it is their duty to inform the Alcalde of the province, who, in his turn, notifies the same to the Civil Governor, and he again has to inform the chief of the supreme sanitary authority or council in Madrid. The sub-delegates have further to inspect chemists' shops at regular intervals, to superintend the vaccination stations in their division, and are responsible for appointing properly qualified vaccinators and for seeing that only such persons ever perform the operation. The sub-delegates further cooperate with the local doctors in all sanitary matters and are dependent on the latter for information and help of various kinds. The sub-delegates are appointed and paid by the Government, and by a Royal Decree of August, 1892, they were also made sanitary inspectors. By the same decree several duties were made compulsory which were previously optional and therefore very often neglected; amongst others, that all doctors should be obliged to report to them the case of cholera or other infectious disease which came under their notice in the district, which are further notified to the Alcaldes, and by him to the higher authorities. The doctors have further to send in a report to the sub-delegates of every case of illness of any kind which comes under their notice, and to give full particulars of the course of the disease, the treatment adopted. They have also to report all deaths which occur. All these reports are to be sent in regularly once a week.

In Spain the notification of the following infectious diseases is made compulsory by law, viz., small-pox, cholera, diphtheria, scarlet fever, typhoid and typhus, whilst measles and influenza are not, nor is consumption notifiable, as it is in Italy. The notification has to be transmitted, as already seen, through the various lesser sanitary authorities until it reaches the Minister.

There are no special hospitals in Spain for isolated cases of infectious diseases, but in the general hospitals a ward is reserved for all such patients who are only isolated as far as is possible under the circumstances.

When an epidemic breaks out in a special hospital, in Madrid called the Hospitale Municipal de Valhermoso, is used exclusively for such infectious diseases, but the accommodation is evidently very insufficient to meet a severe epidemic, and when there was so much small-pox about eighteen months ago, the patients had to be placed in beds along the corridors and were discharged as quickly as possible, which, no doubt, greatly increased the number of the victims. In all towns there is a Hospitalidad Domílice, which provides medical assistance, and supplies food, medicine, and clothes, when required, gratis to the poor. It is under the control of the Alcalde, and the doctors attached to it have to see to the provision of temporary hospitals when such are required during the time of epidemics, and they are required to give an order, with the consent of the Alcalde, for the immediate admission of those suffering from infectious disease, who have no means, so long as the patient or his or her family give their consent to such removal. If they will not consent, the Alcalde will himself, at their request, take them to their homes; but this is only allowed if the cases be few, and if the epidemic spreads, is not permitted under any circumstances. In the case of epidemics the utmost power is granted to the local authorities and boards to do whatever they consider necessary, and general and local orders are issued to apply to every case, and at these times at least are most rigorously carried out, in addition to the regulations which are always in force, though not enforced by the authorities except in times of epidemics.

If a case of infectious disease breaks out in a private family, the doctor in attendance is supposed to see that the patient is properly isolated from the rest of the family, and if this is not possible he shall have such patient removed to the special ward of the general hospital. In all cases, however, the consent of the patient or of his family is necessary before such removal. The "Ayuntamiento," or Town Council, has an appoint an inspector to duly carry out the necessary disinfection, which is done free in the case of those unable to pay, and if any clothing or bedding is destroyed the owner is compensated for the loss as the case may be.

The usual disinfectants recommended by the authorities are chloride of lime, sulphurous acid, and dry heat, but it is very doubtful whether there are efficiently and intelligently used by the subordinates, when not acting under the immediate direction of their superiors. We have heard of a very original and wholesome way of disinfection practised on one occasion in Spain. The hospital, when the full of patients, some being delirious, was surrounded with sulphur, which was set alight, and had a far from soothing effect on the nerves of the sick folks.
Conscientious Disinfection.

From a Nurse's Point of View.

Of course all disinfecting ought to be done conscientiously, just as all drains should be properly constructed, and all articles of food unadulterated. In fact, if all classes of workers were true and faithful, there would be less disease and fewer deaths.

As regards disinfection, for instance, it is by no means thoroughly understood, and even in experienced hands it often fails in its object. Trained nurses certainly cannot be excused for ignorance on this subject, although much may be forgiven to the probationer whose experience is necessarily limited.

It is the duty of every nurse to thoroughly acquaint herself with the object of disinfection and the best mode of carrying it out effectually. When a room has been fumigated, it is the duty of the attendant to know exactly how much sulphur has been used, and what preliminary precautions against the escape of the fumes have been taken.

In private houses it is the nurse who is actually responsible for the whole process, whatever she may fancy. She may think this duty can be left to others, but it certainly ought to be entirely supervised by herself, from the first spreading out of every article to the final closing up of the room.

The doctor and nurse alone know the accurate care required for each detail, and the latter is certainly to blame if she shifts her personal responsibility on to others.

Of course, many a mother has learnt by experience and intelligent observation what disinfection means, but then numerically the mothers are, of course, excellent nurses and true sanitary reformers.

Anyone who owns to not knowing how much sulphur is required to fumigate large and small rooms, or says "she is not sure" of the strength of the disinfectant required for soaking effectually the linen of the patient, is certainly no trustworthy attendant for cases of Infectious disease.

The lesson is easily learnt, yet if it is not committed accurately to memory, it is worse than useless, for it is misleading and dangerous.

Few persons are without some reminiscences of inadequate disinfection with a disastrous result, and in many cases the cause has been as evident as the effect.

Of course, our remarks do not apply to the conscientious woman who is faithful in the smallest detail of her duties. She is more likely to do too much than too little. But there are many nurses who are particularly strict in their other work, and yet they are quite contented to leave this all-important point to the discretion of a man who says he knows all about it. Probably his master may have a complete knowledge of the subject, but he himself has failed to grasp fully either the principle or the practice of it.

Conscientiousness shows particularly in the complete immersion of Infected linen, and the care with which it is placed in the covered pail on the spot, with no unnecessary prolonged exposure such as must take place when the pail is kept at a distance.

Even in wards where there is constant supervision of the workers, there exists great variety in the quality of their work. A late matron of a children's hospital used to assert that it was impossible to escape epidemics in such institutions. This seems to us to savour somewhat of the old-fashioned theory that constitutions were God's will, than which surely no doctrine can be more opposed to common-sense and religion.

Who can read Charles Kingsley's "Two Years Ago" without realising something of the true principles of sanitation? He would certainly have said that the lady just alluded to had failed to grasp even the most elementary knowledge of hygiene.

Stray cases of infectious diseases are constantly imported into institutions, but when they are allowed to spread, some one is to blame. There should be no such factor as chance allowed for, in dealing with infectious diseases.

To speak more particularly of children, there are a thousand accidental ways in which the mischief can be done, and they are none the less dangerous because they are unseen.

When a newly-admitted child is put by a thoughtless nurse to sit on a cot with a little one who has been a patient for weeks, few people see any risk. The young nurse thinks herself rather tactful to have hit on a plan for keeping both her small charges amused and happy. In two or three days' time the children may be discovered to have developed similar "rashes", but in the prolonged inconvenience and regret which ensue, no one probably realises that the second is a victim to that "want of thought" by which so much evil is wrought.

If this objection applies to the new patient, how much greater must it be in the case of little visitors from poor and insanitary homes! Again, nothing takes the fancy of the hospital visitor (always on the look-out for picturesque effects!) more than a tableau of a number of children grouped together.

Entering a ward in winter, a blanket is discovered on the floor in front of the fire, and half-a-dozen convalescent little ones are seen playing happily together. Truly the picture is a pretty and often a touching one to thoughtful folks. But if we put aside sentiment and venture to think for ourselves, two ideas strike us—firstly, that the floor is not a good place for children to be transferred to straight from bed; and secondly, that it is a bad plan to put sick orailing creatures into such close proximity. While it can be good to one child to have its head close to another little sufferer, it is quite possible that definite harm may result.

In the disinfection of the wards in children's hospitals the Charge Nurse is certainly quite as responsible as the Matron and perhaps no better test of a woman's character exists than this, viz., How will she set to work? In a medical ward the process is comparatively simple. Everything can be so easily spread about and exposed. But a nurse will sometimes shirk details, or perhaps it is kinder to say, that she forgets that every article of clean linen stored in her cupboard, each little thing in her neatly ordered "store" and "stock" shelves must be freely opened out to the sulphur fumes presently to be introduced. Again, she does not always think that every preparation should be made beforehand to secure the complete purification aimed at. It is easy to arrange that all linen in the laundry should be retained there for the moment, and not returned until the ward can be safely used again, and this should be the invariable custom. When a surgical or accident ward needs fumigation, there are more difficulties to be faced. Perhaps a stock of neatly packed splints lies in orderly array—pretty little splints, dear to the heart of the surgical nurse who has stitched away unceasingly, that her ward appliances should not forfeit the reputation that she has established for them.

Probably the temptation to believe that no danger can lurk in these splints is a very great one. If fumigation is sufficient for thick blankets, why not for the splints? But who can assert positively that no germs are excluded in the closely-packed padding, placed in there with no suspicion of the infection lurking in the ward.

The only safe rule when doubt exists is to destroy every possible source of mischief.

If the nurse be conscientious she will not doubt; her splints will be unpicked, and padding, covers, wood and iron frames will be all subjected to the completest disinfection possible. Every scrap-book, toy, and stray picture will be carefully disposed of.
banished, and every corner of the ward will be so perfectly inspected by the nurse's experienced eyes, that her subordinates will have no chance and, we hope, no wish to do their share of the work less perfectly than she has done here.

When any inexplicable recurrence of infectious disease takes place in an institution, it would be well to inquire "who sees personally to the disinfection?" and "who inspects all the new cases on admission?"

These two points being satisfactorily seen to, and incessant watchfulness exercised as to the intercourse between the children and their outside friends; the use of separate towels, cups, pockethandkerchiefs, &c., being insisted on; then only will preventable diseases be reduced to a minimum. If each trained nurse would teach as well as practice, preventive measures thoroughly, and, when required, see that disinfection is conscientiously carried out, her duty to her neighbour would be indeed admirably performed; and this "duty to our neighbour" if properly understood, would certainly prevent the least thoughtless of nurses from transferring to the care of another, anything out of the ward or room in which a case of infectious disease has occurred. Precautions are often carried out interminably, and the kind-hearted patient who puts a clean garment from her ward linen cupboard on to her patient she is sending to an uninfected ward, will perhaps be quite careful to change her own cuffs and apron, &c. Consistency and conscientiousness may well go hand in hand.

Everybody's Opinion.

[Correspondence on all subjects is invited, but we cannot in any way be responsible for the opinions expressed by our correspondents. No communications can be entertained if the name and address of the correspondent is not given, or unless one side of the paper only is written on.]

Sанitary Law.

"A Practical Nurse" writes: The articles now appearing in The Hospital on "Sanitation" will be doubly valued by nurses in face of the recent occurrence at Cardiff. It has hitherto been very difficult for us to get any accurate knowledge of the law as affecting the various infectious diseases. I see that at Cardiff the nurse had to pay £2 because her ignorance of the Public Health Act had led her to break the law. I think a careful perusal of your "Sanitation for Nurses" will save your readers from similar blunders.

Measles.

"An Ignorant Nurse" writes: I shall be extremely grateful to any reader of The Hospital who will tell me whether I should render myself liable to a fine if I accompanied a patient suffering from measles in a cab, without warning the driver. As measles is not a notifiable disease, I find a difficulty in getting information. Shall be much obliged if anyone will tell me.

The Middlesex Hospital.

An excellent concert in aid of this charity was given by Mr. Otto Cantor on Monday evening at St. James's Hall. Mr. Cantor was ably assisted by many well-known artists, amongst whom were Mdlle. Jeanne Douste de Fortis, Miss Esther Palliser, Miss Angela Vanbrugh, Mr. Max Riechel, Mr. Leo Stern, and Mr. Ben Davier. Where the programme consists of so many excellent items it is difficult to select any for special remark. Mr. Leo Stern's cello solo, Chopin's Impromptu in E flat, was most perfectly rendered, and followed as an encore after a graceful song without words by Mr. Otto Cantor. Mdlle. de Fortis gave a splendid performance of Liszt's arrangement of Mendelssohn's "Wedding March." Miss Angela proved with grace and artistic feeling Miss Harding's singing and choice of songs were both most charming, whilst Mr. Ben Davies and Madame Amy Sandon were most deservedly popular. There was a fair audience, amongst whom I noticed nurses from the Middlesex were visible in different parts of the hall. We trust Mr. Cantor's kind efforts, and those of the ladies and gentlemen who assisted him, will result in a substantial contribution towards the hospital.

Metropolitan and National Nursing Association.

ANNUAL MEETING.

A large number of people assembled at Grosvenor House on May 15th, to receive the seventeenth annual report of the Metropolitan and National Nursing Association. The objects of this Association are as follows:—(1) To train and provide a body of skilled nurses to nurse the sick poor at their own homes; (2) to maintain a district home for nurses so trained to nurse the sick poor in central London; (3) to supply trained district nurses primarily to the Queen Victoria Jubilee Institute for Nurses, and its affiliated associations; (4) to raise by all means in its power the standard of nursing and the social position of nurses.

The Duke of Westminster, President of the Association, opened the proceedings with a short address, and called attention to the particularly high character borne by nurses trained by this Association, and quoted Miss Nightingale's words that "nursing" means to nurse living bodies and spirits. The Queen gave £70,000 from the Jubilee Fund for the purpose of training nurses for the sick poor, and this money, invested in a trust fund, yields an annual income of £2,000, but this is insufficient to meet the expenses of training a sufficient number of district nurses to meet the increasing demand. His Grace then moved, "That the report be adopted and circulated," and Mr. W. S. Caine, M.P., seconded the motion, and suggested that probably the Queen's Institute owed its very existence to the Metropolitan Association, for had it not been for the good work done by the latter from its earliest days, the Queen might never have thought of giving £70,000 for the establishment of the former. The Rev. A. B. Pelle, Warden of St. Katharine's, supported the motion, and remarked with pleasure on the close union between the Queen's Institute and the Metropolitan Nursing Association. He also stated that Miss Hughes, Superintendent of the Metropolitan Nursing Association, would represent the Q.V.J.I. at Chicago, and read a paper on its origin and present work. The motion was carried unanimously.

The Rev. A. Boyd Carpenter moved, "That this meeting, recognising the good service done by the Metropolitan and National Nursing Association, pledges itself to support the Association in carrying on the work and extending the sphere of its operations." He compared the Mrs. Harris and Sarah Gamp of the past with the splendid women now engaged in nursing, who demonstrate daily the grand fact that science and religion can go hand in hand. Dr. Hawkes supported the motion, and drew attention to the great work being done in the slums of London by this Association. He deplored the Insufficiency of one year's hospital training for probationers.

The Duke of Westminster being summoned to take his place in the House of Lords, Sir Dyce Duckworth then took the chair. He spoke of the Association as one which commanded the respect of the medical profession and as the head of all similar organisations and he referred to its claims and need for increased subscription. The resolution was submitted, and carried unanimously.

Mr. F. D. Mocatta moved the election of the members of council for the ensuing year. The Rev. Dacre Craven seconded the motion, which was submitted, and carried unanimously.

On the motion of Mr. Benham Carter a vote of thanks was passed to the Duke of Westminster for lending the room for the meeting, and also for the kind interest he had constantly shown in the work of the Metropolitan and National Nursing Association.
Our Examination Questions.

THE NURSING OF BRONCHITIS.

The nursing of bronchitis does not appear to be quite as popular a subject as the making of poultices and fomentations. Perhaps there are certain difficulties connected with this month’s question, but surely they would soon disappear if all our readers would clearly understand that it is simply on nursing points that we wish them to write.

Bronchitis is no mysterious disease, nor, unhappily, is it a rare one in the variable climate of the British Isles.

Most probationers have seen it at home, or at any rate amongst their friends, long before beginning their hospital training. In fact, we may safely assert that few people have not some perfunctory knowledge of the requirements of a case of bronchitis, although possibly it may be with the "chronic," and not the "acute" variety.

All the answers which have come to us this month appear to have been written by nurses of considerable experience, and several of them betoken intelligent personal observation of the ordinary symptoms and treatment of patients suffering from acute bronchitis.

Three or four writers have unfortunately lost sight of the actual question, in their eagerness to suggest treatment. They forget that answers as to nursing only are desired. Certainly, if information as to medical treatment were demanded, it would not be in the pages of "The Nursing Supplements" of the Hospital.

There exists some little difference of opinion as to the desirable temperature for the room or ward, one nurse putting it as low as 60 deg.; however, 65 deg. is the general decision, and only one writer wishes 70 deg. to be reached.

An answer from a district nurse gives excellent details, evincing a clear knowledge of the disease in question, but unfortunately the stumbling-block, which appears so fatally attractive to many nurses, involves this writer in an amount of text-book facts, which would be more appropriate from a student undergoing a medical examination.

"The patient should be washed daily, on the allotment system, under a hot blanket," is a delightful sentence, and it is as descriptive as it is original.

Our nurses are obviously considerate and kind; for each has made some suggestion which proves that her first thought is for the relief of her patient. Poultices and pillows are alike ably treated, so as to secure the minimum of fatigue and the maximum of comfort. Steam kettles and tents are carefully described, though some writers forget to mention the thermometer, which should invariably hang inside the latter. One only proposes to have no top to the tent, but we hope this is an unintentional blunder, for we fear the under such circumstances, the amount of steam which would be retained for the patient’s benefit would be an invisible quantity!

We may also suggest to private and district nurses that it is always well to explain clearly to the patient’s friends the advantages derived from a moist atmosphere. It is a very common thing in a cottage to find that the child recently left by the nurse in a satisfactory environment of steam is removed from its cot shortly after her departure, because some neighbour feels sure “the poor little lamb” is getting over heated.

Even in luxurious nurseries the trained attendant often has some difficulty in persuading the adults of the household that the steam must be incessantly maintained, whether she is absent or present. It is quite common to find an impression exists that it is good for the patient to allow the moist atmosphere, which is visibly beneficial, to undergo dangerous variations of temperature. We give the best answer which has reached us, and also a question for next month.

EXAMINATION QUESTION FOR MAY.

Explain the special nursing required for each case of acute bronchitis (a) in a hospital; and (b) in a private house.

Answer.

The nursing of acute bronchitis.

(a) In hospital; (b) In a private house.

One of the most essential points in the treatment of bronchitis is the maintenance of an even temperature, 65 deg. being the best height at which to keep the air of the room. This is not always an easy matter in cold weather in a large hospital ward, where a tent is fixed, the thermometer should hang to gauge the temperature. Steam is generally ordered for acute cases, as by this means the air is not only made warmer, but more moist—moisture is of great assistance to the patient’s breathing. Steam is best introduced into the air of the tent by means of a long tube coming from a kettle boiling over a spirit lamp placed on a firm table by the bedside. Kettles of this kind are in general use in most hospitals. Care should be taken that any outward application ordered, such as poultices or fomentations, should be light, and changed before getting cold, as a cold, heavy poultice is worse than nothing at all. They should be placed well away from the patient’s surface, and not brought close to the collar bones. Heart complications often ensue in bronchitis cases, especially in stout and elderly subjects, so such signs as lividity of face, sudden increase of difficult breathing, coughing, or sometimes stertorous breathing, should be watched for, and immediately reported to the doctor.

In cases where a doctor is not at hand, a mustard patch over the heart and an ounce of brandy in warm water can be given with advantage, and artificial respiration used in extreme cases. If the change proceeds from choking an emetic could be resorted to. The patient’s temperature, pulse, and respiration should be taken night and morning (often if desired by the doctor), and the sputum saved for inspection. The state of the bowels, skin, appetite, cough, and amount of food and sleep taken in the twenty-four hours should be noted, and reported to the doctor. In acute cases, milk, beef teas, eggs, fish, &c., is generally ordered, and should be given in small quantities frequently, and so arranged as not to clash with stimulants and medicines. Bronchitis cases require plenty of pillows or a bed-reef to raise the head and shoulders, as lying quite flat adds much to the difficulty of breathing.

(b) To nurse a private case of bronchitis an airy room with a lofty apex and open fireplace should be chosen. A small sleeping bed with good hard mattress, plenty of light and light warming clothing is the best couch for the patient. Curtains at the head of the bed and over the door are useful to exclude draughts. The bed should not be very far from the fireplace, so that if steam is rendered and has to come from a kettle on the fire its benefits will be greater. In the absence of a regular spirit-lamp kettle an ordinary tin one of four quarts can be easily steamed by a spirit lamp. Poultices or a bronchitis kettle by having the usual spout soldered up and one made at the top on to which is fitted a tin tube three or four feet long to conduct the steam into the room. Lamps or candles are the best lights, as gas dries the air and increases the cough. The thermometer must be consulted frequently to ascertain the temperature of the room, which should stand at 65 deg. Many visitors are undesirable as cold air, places with them, and the ravings of the patient by talking. A chair placed upstairs down at the back of the patient, well padded with pillows, makes a good bed rest. A private nurse ought to be able to think out dainty dishes for her patients. Notes of temperature, pulse respiration, state of bowels, skin, &c., should be kept for the doctor’s visit. Cold feet will often make the breathing worse. When a convalescent patient is allowed to leave the sick room, chills in passages should be guarded against, and the room he goes into must be warmer than the one he leaves. A respiator or woollen scarf should be worn over the mouth on first going out of doors.

EXAMINATION QUESTION FOR JUNE.

What are a nurse’s duties with regard to the prevention and treatment of bedsores?

Answers must be sent in by June 5th. They must be clear and concise, written on one side only of this paper only, accompanied by writer’s name and address, and directed to "Nursing," Editor of the Hospital.
Appointments.

HOSPITAL OF ST. CROSS, ROCHESTER.—Miss Heathcote has been appointed Matron of the Hospital of St. Cross. She was trained at Pendlebury, and at St. Bartholomew's Hospital, and afterwards worked at the Western General Dispensary, London, and we congratulate her on her present appointment.

NORTH CAMBRIDGE HOSPITAL.—Miss Emily Stendell has been appointed Matron of the North Cambridge Hospital. Miss Stendell was trained at Leeds Infirmary, and was afterwards at Bristol Children's Hospital. She succeeds Miss Mary Davis, Matron of Taunton Sanitary Hospital. Miss Stendell takes many good wishes with her to her fresh work.

SANATORIUM AT REPTON SCHOOL.—Miss Florence Birmingham, for some years at the Royal Hants County Hospital, Winchester, has been appointed Matron of the Sanatorium at Repton School. Miss Birmingham was Matron for some time of the Bickley Cottage Hospital.

YORK HOSPITAL FOR SICK CHILDREN, HULL.—Miss E. T. Batchelor, who trained at St. Thomas's Hospital, has been appointed Matron of the Victoria Children's Hospital, Hull. Miss Batchelor was for three years at St. Mary's Hospital, York, and afterwards at Cumberbatch and Infirmary; Royal Infirmary, Preston; Sanitary Hospital, Bournemouth; and Small-pox Hospital, Sheffield. Such valuable and varied experience must render Miss Batchelor peculiarly fitted for her new post, in which we wish her every success.

Presentation.

On the third anniversary of the opening of the Home and Hospital for Jewish Incurables at Victoria Park the Committee presented the two head nurses each with a handsome gold watch, with inscriptions to the effect that they were given as marks of esteem to Sister Ansty and Sister Davis, who have been associated with the hospital since its commencement.

Notes and Queries.

SPECIAL NOTICE.

The contents of the Editor's Letter-box have now reached such unwieldy proportions that it has become necessary to establish a hard and fast rule. No postal address is required for a letter, a fee of half-a-crown must be enclosed with the note containing the enquiry. We are always pleased to help our numerous correspondents to the fullest extent, and we cannot treat in the same way those who do not send in a fair share of the overhanging amount of writing which makes the rules a necessity.

Queries.

(130) Address Wanted.—Can you give me the address of St. John's Ambulance Association in a remote country district where there is no local branch?—Male Nurse.

(131) St. Mark's Hospital.—Where is this hospital situated in London?—W. B.

(132) Elizabeth Jones.—Where can I get the Life of the Later Miss Elizabeth Jones?—Sandy.

(133) Probationer.—Please tell me how I can get a berth as probationer, and is 18 too young to begin?—A. de M.

(134) Cous.—Can you advise me as to the best course to take while working in an hospital?—Interposition.

(135) Querist.—Are there any rules which could a lady get training? A small Premium could be paid if necessary.—Nemo.

(136) Training.—I find it difficult to bear a vacancy in a general hospital for a probationer. Where would you advise me to try next?—Biosner.

Answers.

(137) Address Wanted (Male Nurse).—St. John's Ambulance Association, 10, Adam Street, W.C.

(138) St. Mark's Hospital.—Our Lady's Hospital, Bethnal Green, E.C.

(139) St. Mary's Hospital.—The St. Mary's Hospital (W. B.).—See Burdett's "Hospital Annual."

(140) Elizabeth Jones.—"Memorials of Agnes Elizabeth Jones," by her sister. Published by Craven and Co., 55, Ludgate Hill, E.C.

(141) Probationer (A. de M.).—Yes, quite young too. Read "How to Be a Nurse," by Horner Morten, 2s. 6d., 425, Strand.

(142) Cous.—Interposition.—The woman should go at once to the Liverpool hospitals and institutions, and write to the maker of the instruments. We have brought on this occasion an excellent operating table at the Cross Cottage Hospital, which had been made by a local man at a most moderate price. Matrons and secretaries are always willing to give information on practical points.

(143) Querist (Nemo).—If you write to the Matron or Head Nurse of a hospital to ask where you may go, and you will get your question answered immediately.

(144) Training (Biosner).—Certainly, you should write or apply to the Hon. Secretary of the Workhouse Nursing Association, 6, Adam Street, W.C.

For Reading to the Sick.

When travellers speak of the way they are going, their words do not so much suggest the road, as the end, to which they are tending. They have had to choose their route, as every path leads somewhere, either in the right direction or in the wrong. Now every man, woman, and child is travelling towards an end to which there are two distinct roads, the broad, and the narrow road, which have very different terminations. The season of sickness is a good time for us to pause and ask ourselves, along which are we going? We started, perhaps, heedlessly, without due consideration, or had even determined to take the more difficult path, but the broad road looked so sunny and cheerful, so full of pleasure and amusements, that we soon strayed into it, and went farther and farther, until it became a wilderness in which we were altogether lost. Aimlessly we stumbled on, sometimes over great stones, which brought us rolling to the ground, tearing our clothes with bristles and thorns, soiling our feet with mire and dirt, which we had not noticed, or taken no trouble to avoid. Oh! the unhappiness we have caused to our friends by our recklessness! Oh! the sorrow and misery we have put them to, and what will be the end thereof, unless we turn our steps into the narrow path? But now we cannot find the way, and cry in the bitterness of our hearts, who will show us the way which leadeth to eternal life? Christ, in His great love, answers us, "I am the way, the truth, and the life." I am the way, it is the truth I am telling you, and I will lead you to the eternal mansions prepared by your heavenly Father for those who love Him. Though our dear Lord has gone far from the sight of mortal eyes, yet He has promised to come again, and take us to Himself. But ere that time arrive He will comfort the repentant soul with His choicest blessings, for He says, "Though your sins be as scarlet, they shall be white as snow; though they be crimson, yet shall they become like wool." And with Christ's redeeming power to help us, we must watch for His coming. It may be in the morning or the evening, or at cockcrow; but the hour when He comes will be the hour of our death. Let us walk warily, for at the end of our journey there is a stream, narrow, but impassable without the help of Him Who has promised to be with us. We stand and shiver at the brink, for we forget His words, "I am the way." His boundless love has made a bridge, over which our feeble steps may tread safely. His blessed Body, nailed to the Cross, stretches across the dark river which divides earth from heaven, and we shall say, each one, as we clasp the Master's hand—

The great and terrible land—

Of wilderness and drought—

Dies in the shadows before me,—

For the Lord hath brought me out.

The great and terrible river—

Lies in the shadows before me—

But the Lord will bear me through.

Nursing at Southampton.

The Queen's Nurses are doing excellent work at Southampton, and the care of the sick poor in that town is for the future to be left entirely in their hands. The Hampshire Nurses' Institute, which for many years undertook to supply trained nurses for those who could not pay, have now relinquished the latter and arranged to provide skilled attendants for the former class of patients only.

Wants and Workers.

Can anyone give the Address of Princess Beatrice's Nursing Guild to Monthly No. 1? Will anyone kindly give an old hip carriage for the use of a tiny boy in the Melton Home, Sandwich, Isle of Wight?
PICTURES.—THE ROYAL ACADEMY.

When people intend to visit but one of the summer collection of pictures, the choice almost invariably falls on the Academy. Yet the choice is often determined more by the character of the visitor. Many are the pictures standing strikingly apart from the rest as a sine qua non of an Academy exhibition will experience disappointment. For several years now there has been an absence of those planets amongst the lesser stars. This year it would be harder than ever to state the particular pictures which have fixed the public fancy, although there is a large contingent of admirable works shown. None, as a rule, of portraits; good, bad, and indifferent. Some of them are of remarkably plain people. Four Royalties are represented, an unusual feature in the portraits of the year. The Duke of Cambridge and the Prince of Wales occupy opposite corners in the same gallery. Both portraits are admirable and seem to represent their Royal Highnesses. The Prince of Wales, in levee dress, seems as if he were about to step out of the picture. Lord Mayor's portrait of the Duke of Wellington last minute. A portrait of Sarah Bernhardt will interest all. It is a most pitiful production in every way, and a most pleasing representation of the great French actress. It is a half-length portrait, nearly in profile. She is seated, crowned with a beautiful white cloak, her splendid Venetian red hair showing to the utmost advantage. The whole portrait is powerful and dignified. The Duke of Devonshire, Sir James Sigall, Princess Ferdinand of Russia, and Lord Granby, Colonel Barnard, the late Hen. H. Fowler, M.P., Joschim, Lord Rockwood, Lady Ada Osborne, Dr. Bristowe, Lady Blomfield, Sir Henry Parkes, Miss Margaret Balfour, Lady Margaret Sackville, the Countess Fitzwilliam, Lady Dorothy Neville, Sir Charles Tupper, and many other are also represented.

During our visit to the Academy we were amused to hear conflicting opinions as to portraits within the space of five minutes. One spectator observed, “I never care for the portraits,” whilst another remarked that the only kind of pictures that he really found interesting were the portraits. Diverse may be the taste for and against this branch of pictorial art, it is varied in the present exhibition that the portrait is often quite as much a picture as a subject painting could be. Witness, for instance, the portraits of Lady Blomfield, Miss Hegan Kennard, and Lady Agnew, and the one entitled “The Queen and the Princess.”

Many artists have made happy choice of interesting subjects this year for their pictures. Quite one of the most striking of these is Frank Dicksee’s “Funeral of a Soldier.” The scene is being launched the barque, on which is lain the white-bearded warrior, his face wearing a reposeful and majestic expression in death. He is in full armor. By his side rests his shield; his sword is grasped in his right hand. The wave which receives this funeral pyre is crimson with the burning mass, and from the flame of the torches which lighted it, still burning in the hands of the assistants at the ceremony. These stand in a group at the edge of the wave, with faces alight with the inspiration of the moment, their armour gleaming in the glowing red which illumines the whole scene, save the gloomy background of high cliffs. A sea bird flies bewildered around the scene. A direct contrast to this picture is Miss Margaret Dicksee’s “The Child Handel.” This is a most lovable picture. The small child Handel, in his little night dress and night cap, is seated on a high bench, his little bare feet resting distant from the floor, playing with a vessel of water. Historians state that the small child had frequented the garret where the spinet stood at nightfall, a practice that ended in the discovery portrayed in this picture. First comes the father with his eastern held high, sheathing his hand, and leaning on little Handel’s figure; behind the elder Handel comes a group of half-armed, half-curious spectators. The picture is, to our mind, one of the most pleasing things of this particular collection, but as the composition is really a study, the picture is often. Even the elder Handel is no more than a study, though, in which Mrs. Bond, as his vanishing line, is looking at us with the child, in an expression which is often to be seen in the picture. It is a study, but it is a very fine study. The picture is a study, but it is a very fine study.

Several artists have been greatly pleased with the approach of looking this year, and a great many are expected to be active in the coming months. One of the most remarkable pieces of colouring in the Academy is Solomon Solomon’s picture, which bears the title “The Light of the World.” The merit of the picture lies in the atmosphere of colour and the idealism with which the artist has approached the subject. There is a number of his friends at a dinner table, and they are in the attitude of drinking the health of the host. The softest rose- pink light falls on all from rose-shaded lamps. The table is decorated with flowers and candles, and the whole scene is brought together into the soft tones and candy colours in glowing folds of white. Thus a purely material subject has been used to introduce a most poetic effect. We have been so used to Mr. Solomon’s compositions, that this solution as from this the same brush is quite a revelation. It affords a distinct pleasure to many a visitor to picture exhibitions if, in a state of vividness, one can marvel at the artist by a glance at the picture. It is to be doubted if it is really a compliment to the artist to be thus able to detect his work as a glance, as it is usually some trick of mannerism than intrinsic merit of any; which is the trade mark so familiar to the passing observer. In this dinner-party scene of Mr. Solomon’s the painter has certainly hidden himself.

There are several other interiors where the hour of means has been chosen for portrayal, the more interesting of these being that of a party of children. The picture is left to tell its own story, as it is simply entitled “Eveing: Children—Playing Grace.” The picture is in which the children are generally devoted to the little ones. In one corner hangs a touching little picture (903) called “Grandfather’s Little Nurse.” They one picture that calls forth a great deal of attention is “The Announcement.” The full meaning of the picture is on the face of it. By fire sits an old woman; in the centre of the room, his back is leaning back, stands a sorrowful woman in widow’s dress; a third figure, that of a working woman, leans over the old woman. The pictures are thus scattered all over the room.

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been taken to a doctor for her temptations, and ordered a course of cod-liver oil for her dreams, as the writer suggests. But the modern child is, perhaps, over-sheltered in this present world as well as in all others of the future. When it becomes necessary to extract one of her small teeth gas is administered, for it would never do for her to suffer the least pain. She is swathed up to her neck and wrists in lambs'-wool, and would have stared at poor Patty's short sleeves and rough, red arms. No morbid fancies afflict her, if they did she would promptly be taken to see the family doctor. If she is naughty it means that she is "below par," and must take a tonic. The reason of the contrast is not far to seek. Is it that the unhappy little Patties have turned into the modern mothers, and have vowed that their children shall never suffer as they did. What new sort of mother will the modern "soft system" develop in its turn?

MAGAZINES FOR MAY.

The Cornhill Magazine.—This number of the Cornhill contains an Interesting article on "Needle Craft." The title, needle craft, gives the writer an opportunity of treating the subject with a dignity above the consideration of crewel work, antimacassars, wool flowers, and the like; consequently, modern needlework does not come within the range of the article. The author seems to place the decay of needle craft as contemporary with the death of the sampler. We ourselves would place it at an earlier period, and argue that its decay as a craft was gradual, and parallel with the higher mental culture of women. These yards and yards of wonderful historical tapestry could not have been worked by those whose whole mind and time were not given to the subject. The long tedious hours had to be filled somehow, and they were with regularity in the production of the miles of modern-fashioned needlework which remain to astonish modern eyes with the patient industry of the past. Tapestry gave the workers at least an incentive to labour at the needle, as, when finished, it was a veritable piece of workmanship; and perhaps still more so was the appliqué work which came in later, and which formed gorgeous Court trains, hangings, &c. Such work was a necessary part of the daily life of ladies in society, and the writer of "Needle Craft" quotes of Mary Queen of Scots that "All day she wrought with her needle and that dignity of the colours made the work less tedious, and she continued so long at it till very paine made her give over." In poor Mary's case needlework proved unequal to satisfy her and keep her from mischief. To no one of active body or brains could needlework prove a satisfying occupation, and although we may admire the work of past times, and the really beautiful art of needlework which came in the few in present times, we cannot share the regret expressed occasionally that needlework as an art is fast dying out from female education; but we regret that a little more incentive is not given to the use of the needle for homely purposes. No girl is the worse for knowing how to make her own clothes, while the want of this knowledge debars many a girl from enjoying her life as she might, and although our home-made garb of old may not become her now, the writer of pages devoted to their description in future numbers of the Cornhill, may have helped to wile away hours in just at pleasant a manner, and be regarded with pride equal to that felt by medieval ladies in a needle-wrought castle.

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