

## REGISTRATION OF NURSES.

SIR,—You published in your issue of April 28th (p. 740) a set of rules for the registration of nurses, proposed by the medical members of Parliament.

The effect of them will be that everyone who has been nursing the sick for three years before November 31st, 1919, will be entitled to registration. The proposed rules take no account of training whatever. It is suggested that the Council should examine such nurses, but the examination would necessarily be of so narrow a scope that it would be wholly unsatisfactory to the examining body, and if it was of a searching character in the small area open to it would certainly be considered unfair by the candidates.

Medical men have co-operated heartily with nurses in raising the standard of nursing for the benefit both of the public and of nurses themselves. It seems to me a pity that medical men should now propose that all the efforts of the last twenty years should be made of no account.

The Council has itself proposed that nurses in practice before 1900 should be admitted on evidence of competence, and it might be wise to extend that limit, but I cannot look upon the present proposal as other than retrograde. I may add that I should think it highly doubtful whether any trained nurses would have registered at all if these proposals had been made a part of the Act.

Since, however, I am expressing merely my own opinion, I should be glad if other medical men would state their views in your columns.—I am, etc.,

W. P. HERRINGHAM,  
Chairman of the General Nursing Council  
for England and Wales.

12, York Gate, Regent's Park,  
London, N.W.1, May 2nd.

## COLONIAL MEDICAL SERVICES.

SIR,—The important leading articles in your recent issues on the proposed disastrous economies in the Indian and Kenya Colony Medical Services reveal an increasingly serious state of affairs in the health policy of the Empire. These are particularly flagrant instances of recent occurrence, but it is unquestionable that a review of the health conditions of the Colonies would show (with certain bright exceptions) starved services cut off from contact with the main stream of medical progress, populations riddled by preventable disease, and an amazing general neglect of tropical hygiene.

Of the main factors which prevent progress perhaps the two most important are: First, the lack of a director-general or indeed of any responsible administrative medical officer at the Colonial Office. With a medical service working under lay administration, and no central administrative medical officer in authority to deal with medical problems, it is small wonder that the position is melancholy.

Secondly, the very general ignorance of health questions among the influential classes of many colonial communities, especially the business sections. Hygiene has formed no part of their education, and of the economic possibilities of public health they know little; to the majority it seems an extravagant fad which hard-headed men will cut down to a minimum. In one colony with a splendid climate and a death rate of over 40 a prominent citizen asked me once in surprise, "Why should I pay to keep other people well?" In another colony with a death rate which is persistently higher than the birth rate and labour is a vital problem, a leading official told me gravely that he would "much rather die of malaria than live in a mosquito-proof house."

It has occurred to me, and no doubt to many others infinitely better qualified to speak than myself, that the British Empire Exhibition of 1924 will present a unique opportunity for an educational campaign. I should be glad to know whether arrangements are in hand adequate to the great opportunity and the great need. A well organized "Medical and Hygiene" Section, with a series of good lectures and conferences, might easily be one of the most widely attractive in the exhibition. There are plenty of experts, practical men cognizant of difficulties as well as deficiencies, who are competent to carry through such a scheme, and no doubt willing to add to their past record of public service. Are they being given a chance?—I am, etc.,

London, W.C. April 23th. LETITIA FAIRFIELD, M.D.

## PHYSIOLOGY AND PSYCHOLOGY.

SIR,—In your issue of April 14th Dr. Berry was good enough to refer to a letter of mine published by you on December 30th, 1922. I mentioned there the presidential address of Sir Charles Sherrington, P.R.S., to the British Association, in which he discussed the action of mind upon bodily mechanism. My allusion to this address was in general terms, and in order to avoid any possible misconception I will, with your permission, quote certain passages from the address which will make the matter clear. I desire to do so as I feel that Sir Charles Sherrington has indicated with high authority and with remarkable lucidity the relations of physiology and psychology which it is of great importance that all should recognize. He said:

"I do not want, and do not need, to stress our inability at present to deal with mental actions in terms of nervous actions."

Then, after a most interesting account of the resemblances between the "mental" and the "nervous," he said:

"Yet all this similarity does but render more succinct the old enigma as to the nexus between nervous impulse and mental event. . . . The nexus between the two sets of events is strict. But for comprehension of its nature we still require, it seems, comprehension of the unsolved mystery of the how of life itself. A shadowy bridge between them may lie perhaps in the reflection that for the observer himself the physical phenomena he observes are in the last resort psychical."

One more quotation may be given:

"It is to the psychologist that we must turn to learn in full the contribution made to the integration of the animal individual by mind."

These are generous words from a distinguished physiologist, and it would be well if the whole address could be widely studied. A summary of it appeared in the BRITISH MEDICAL JOURNAL for September 9th, 1922, but every line of it is of interest. Dr. Berry, I am sure, would rejoice in this presentation of the case from the side of physiology, and I doubt not that he would follow the lead of the President of the Royal Society in according to the students of psychology their rightful place in dealing with the problems of life. This is all we ask. We were all of us physiologists before we became psychologists, and it is of vital importance that these two branches of research should work in the closest co-operation.

Dr. Berry may be sure, if I may be allowed to say so, that readers of the BRITISH MEDICAL JOURNAL highly value the breezes which come from the "outposts of empire." If some criticisms of his letter have erred on the side of frankness he will perhaps regard it as evidence of the brotherly spirit.—I am, etc.,

London, E.C., April 14th.

CHARLES F. HARFORD.

## A SIMPLE DIET TABLE.

SIR,—I should be obliged if you would allow me to correct an error in a note of mine, entitled "A Simple Diet Table," in your issue of April 21st (p. 679). The item "12 Kalari biscuits" should be in the one ounce protein section, not in the one ounce carbohydrate content section, as Messrs. Callard and Co. guarantee that they contain less than 3 per cent. of carbohydrates.—I am, etc.,

Liverpool, April 25th.

H. S. PEMBERTON.

ACCORDING to the medical report for 1920 to 1922, the work of the Tainan Hospital, English Presbyterian Mission, Formosa, is increasing greatly year by year, particularly in abdominal surgery and gynaecology. In the first six years of the hospital's existence 104 abdominal operations were performed, and in the past year 125; during the first six years there were 72 obstetrical and gynaecological operations, and during the past year 104. These figures indicate a growing readiness among the inhabitants to submit to serious surgical procedures. In Formosa there is a strange absence of certain diseases common in the West; appendicitis and cancer of the stomach are very rare, though gastric and duodenal ulcers are not uncommon. On the other hand, the most common abdominal emergency in Formosa appears to be chronic intussusception. From 1920 to 1922, 3,964 surgical operations were carried out, 2,156 of them under general anaesthesia; there were 4,643 male in-patients, and 1,933 female in-patients; and the total attendances of out-patients amounted to 77,311. There are 150 beds in the hospital, with a staff of two European medical men, two trained nurses, two Formosan assistants, two trained and eight other Formosan nurses.