

EDITORIAL.

A HAPPY Christmas to all our readers!

By the time this number of the *Journal* reaches our readers the Annual Conference of the T.N.A.I. and A.N.S.I. will be a thing of the past.

Subjects for discussion are expected to be of importance, and to be fraught with possibilities for the further development of nursing in India. Wholehearted cooperation of each member of the T.N.A.I. is necessary to ensure success. The great need of any organisation in this straggling heterogeneous country is union and the formation of a corporate opinion. Those nurses in India who are not members of our Associations, can strengthen our ranks by joining them, and also gain for themselves the advantages of union.

Registration in India is on the horizon. Let not apathy and indifference delay the dawn of a better day for the nursing profession in this country. Much has been done in the West, especially since the War, for the status and improvement of nursing, as chronicled in the *English Nursing Journals*. Nurses of India, the time is now, and the responsibility is yours. This call is not only to the members of committees and the leaders in our ranks, but to the mass of nurses of whatsoever nationality or rank.

THE attention of members is again called to the fact that when Travelling Concession Certificates are asked for, a stamp or stamped envelope should be enclosed.

Owing to an error in printing in the September number of the *Nursing Journal of India* the annual subscription for members of the Trained Nurses Association of India was given as Rs. 2. The subscription is Rs. 3.

CONTRIBUTED ARTICLES.

THE LIMITATIONS OF A VOLUNTARY REGISTER.

(Reprinted from "*The Hospital*.")

IN the old days when State registration was much talked about but little understood, many of the nurses who agitated for it did so under the impression that it would be compulsory. Even now it seems to be a shock to some that the State, having placed this privilege within their grasp, can exercise no pressure upon nurses to register their names. Truth to tell, there is ground for some misapprehension. The only Register of which nurses have practical cognisance is that of the Central Midwives Board, and there is nothing voluntary about that. Midwives may not practise at all unless

their names are inscribed on it. It is certainly very puzzling to find that the State Registration Board cannot also insist upon all nurses coming within the fold.

In one respect there will be even less compulsion for nurses than for doctors to be registered. Doctors are practically under compulsion in this respect, because unless their names are on the register the State will not give them the benefit of the law in collecting their debts. A man cannot be sued for medical attendance by a quack.

It has, however, never been deemed possible to set up a compulsory register for nurses, because Parliament will not consent to make it a penal offence for women whose names were not on the register to act as nurses. Nursing is too universal an office to be restricted by hard-and-fast rules. The woman who comes short of the qualifications required by the Board may be indispensable to the health of some one. To restrict her from aiding her neighbour in sickness would be an injustice to her and a cruelty to her patient. However incapable, she might be better than no one at a time of extremity, and it would be a drastic thing to prohibit her, even "habitually and for gain," from nursing altogether.

The result of making the register voluntary is this. It sets up a kingdom within a kingdom. Within the enormous company of practising nurses of every degree it distinguishes an inner ring of women chosen out by reason of their superior attainments and their high character. It confers upon them a certain status, the value of which will depend entirely upon the number and quality of those who enter it. For this inner ring of registered nurses it establishes exact regulations and prohibitions. It exercises a certain discipline over them, and in the last resort can eject them from the register. It guarantees to the public that a tolerable standard of professional knowledge has been acquired by all whom it admits. But alas, it must leave all the other nurses who neglect to get their names inscribed on the register severely alone. Here is the grave defect of the voluntary register. It keeps watch over the elect. It lets the runagates continue in scarceness—of grace.

The complete liberty allowed under State registration to the nurses who remain outside its jurisdiction is a very serious impediment to organisation. To a large extent it neutralises the public value of the register. So far as the complete regulation of the nursing profession goes this voluntary principle may be said to defeat its aims altogether. For who are the persons who will be benefited by having a State register? Are they not rich, or at least the well-to-do, able to pay a good fee? But the people who most need protection are the middle classes. And it is among these that the nurses not on the register will naturally find their *clientèle* and flourish uninspected, unlicensed, uncontrolled. It is doubtful whether many of the rich will not also succumb to the voice of the charmer, demonstrating glibly that she is just as good, nay, far better, than the registered nurses.

It is well that nurses should be on their guard from the beginning against the dangers which will accrue to them from the unregistered. There is but one way of making the voluntary principle work. It is for all entitled to do

so to apply for registration. If the voluntary State register be cordially accepted by every single nurse of repute, then the outsiders can do little harm. They will be self-exposed. Nothing but a wave of sincere enthusiasm for the new privilege accorded it can carry the nursing profession into the haven where it would be. Every well-trained nurse who stands aloof will supply an argument for the acceptance of the incompetent, by whose side she places herself in rejecting registration.

Whether eventually some system can be devised for licensing and inspecting women not on the register who "habitually and for gain" practice nursing is a matter which sooner or later will have to be faced.

EGGS.

(Taken from "A Treatise on Hygiene and Public Health,"

By B. N. Ghosh and J. L. Das, pp. 153-154.)

THE egg is a typical example of food containing all the proximate principles necessary for the growth and development of the body. It is, however, deficient as regards carbohydrates. An ordinary hen's egg weighs about 2 ounces; of this about 12 per cent. consists of shell, 58 per cent. of white, and 30 per cent. of yolk. The shell consists of carbonate of lime, and the white with the yolk consists principally of nitrogenous elements. The white is made up of a solution of various proteins, the chief being egg-albumin. The yolk contains a large quantity of fat and a considerable proportion of lecithin, a phospho-protein called vitellin, and organic compounds of phosphorus and iron. The yolk containing less albuminous matter does not so readily solidify with heat, and from containing large quantity of oily matter floats in the white.

The comparative analysis of a hen's egg is as follows :—

		Water.	Protein.	Fat.	Other non-nitrogenous matter.	Mineral matter.
White		85.7	12.6	0.25		0.59
Yolk		50.9	16.2	31.75	0.13	1.09

The absorption of eggs in the intestines is almost complete, only 5 per cent. of residue being left. The value of one egg as food is equal to half a tumbler of milk, and the potential energy yielded amounts to 70 calories.

It is a known fact that mineral matters are more readily absorbed when they exist in organic combination. Hence iron in the yolk of eggs is absorbed very easily. Yolk of egg is therefore a valuable food for anæmic patients. It is also very rich in calcium; in fact, except milk, no food contains so much