NURSES' REVIEW

THE OFFICIAL VOICE
OF THE NURSES' ASSOCIATION OF THE BAHAMAS
**OFFICERS OF THE ASSOCIATION**

**1976**

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Price: $2.00
Editorial

The word "COMMITMENT" is often heard today, but what does it mean to us as nurses? What are our COMMITMENTS?

As professional people, we should be committed not only to our profession but also to the people whom we serve.

Commitment to the profession can be displayed by the way in which we participate in the affairs of nursing, the necessary risks we take to uphold the dignity of the profession, and our determination to develop professionally. Such a display can only enhance the image of nursing, motivate, and encourage others to become a part of so great a profession.

Our responsibility to our community can be portrayed through our involvement in community activities. We also have a responsibility to ensure that the people of our community receive a high standard of health care. This may require changes, but we must welcome the opportunity to be agents of change. Change, although sometimes difficult to achieve, is often necessary, but the goal we set can be more easily achieved if we are COMMITTED and share this COMMITMENT.

Let us for one moment honestly evaluate ourselves. Are we doing all we could to improve and maintain our professional status? Are we doing all we could to maintain excellence of service to the people of our community? Are we active members of our professional organization?

Are you happy with the results of your evaluation? If you are, then, the profession can only benefit by you. If you are not, you must now begin to take positive action to improve your image.

Florence Nightingale gave us a lamp, but the lamp needs oil if it is to continue to give light. Let us continue to put oil in this lamp so that others may see by the light of our profession - NURSING - OUR COMMITMENT!

MISS CLEOPATRA FERGUSON
President 1976
The Nurses Association of
The Bahamas.
Nurse Angela Carroll a registered nurse and midwife, has been a member of the Nurses Association since 1951. She was responsible for the birth of the Nurse Queen Ball and was made “Nurse Queen of the Year for 1972. As a member of the Membership and Publicity Committee for many years, Nurse Carroll is very active in the Association and always willing to assist wherever she can.

She is also well known on the International scene and was one of the few nurses to attend the International Council of Nurses Congress in Greece and Portugal.

“You know you have my support”, is her password.

Nurse Geneva Thornton a registered nurse and midwife, has been a member of the Nurses Association since 1957. She is a very active member and perhaps the most familiar face at the activities of the Association. Nurse Thornton has also attended many of the Caribbean Nurses Organization Conferences and has made many friends among the nurses of the Caribbean.

A member of the Executive Board of the Association for many years Nurse Thornton now holds the position of Assistant Treasurer.

“It’s a worthwhile experience”, she says.

“Child, you know I'm not as young as I used to be, but I'll do my best”. A long and faithful worker of the Nurses Association is Nurse Ophelia Munnings. She received an award in 1972 for her devotion and outstanding service to nursing and to her Association.

A well known figure at the Baillou Hill Road Clinic, Nurse Munnings has taught mothers to cure many diaper rashes, common colds, advised expectant mothers and helped other members of the community to live healthier and happy lives.

At present she is very active on the Membership and Publicity Committee.
NURSING,
A COMMITMENT TO THE MINISTRY OF HEALING

There are certain pivotal events that occur in our lives such as birth, marriage, death, illness and major decisions. People who help us under such circumstances greatly endear themselves to us and are quite often remembered for life. We are grateful that they helped us “for our sake” at a time when we were most ‘in need.’ Without them we could not, in a certain sense, come through. They are the kind of persons for whom we are deeply grateful. They, in such circumstances, help us to discover the meaning and value of our experience (of illness) by the way in which they helped.

Nursing is one of the means of responding to a pivotal event in human life – illness. The illness may be physical, mental or emotional. Nursing is a service in which the nurse meets the patient in an abnormal state. In a real sense, during sickness, you are ‘not yourself.’ Hence, firstly there is a need to be treated personally – as a person – even though the external factors may cause one to look more like an animal. Secondly, the nurse needs to be skilled, to know what he or she is doing and to be supportive yet professional enough not to go to pieces. Thirdly, the nurse offers in a real sense, the courage to be able to cope. The nurse needs to have faith in himself/herself and to go out to others in such a way as to inspire hope, as the patient faces what may appear to be defeat. The nurse is one whose duty is performed to the immediacy of a person. She is in the service of restoring or protecting the quality of human life – his/her ministry therefore, immediately involves offering hope to the sick.

Whenever one thinks of a nurse one thinks of someone who is caring, gentle, compassionate yet strong and supportive, someone who will see you through the event. It helps greatly, when one is sick, to be in the presence of someone who, by their attention, presence and skill says to you in their actions, “I will do the best I can to help you, do not be afraid.” When one is ill, our real need is to meet someone who, in common language, will ‘take good care of you,” who will hope for you.

Nursing involves a very deep responsibility – to meet the real need of others – to be understanding of another’s condition. The nurse must understand also that when we are sick we may say or do ugly things, or we may appear ungrateful. It is more an experience of fear or of the humbling experience of being so much in need. The nurse needs to be sensitively aware of the shyness we have of having others deal with us at such moments of our lives. Illness is a time when “the chips are down” in our lives – in a real sense. Those who nurse us meet us as we really are – often afraid, insecure.

To be involved in the ministry of nursing necessitates the continual awareness that we are dealing with the human person, even though it may simply be putting on a bandage, or taking a temperature, yet for each person it is their only ‘me’ and they are really saying ‘handle with care’, however they express this.

Therefore, such a person who seeks to nurse needs to be aware always of himself or herself, because who they are or how they are at a given moment affects the healing of those whom they must touch physically, mentally, emotionally, spiritually. In a real sense, the vibrations of the person of the nurse touches the life of the patient. So there is the continual need to be re-created in one’s body, mind and spirit in one’s direction to life.

Since nursing deals with the total human fabric, it is very draining. The need for physical rest is obvious and there is a need for refreshing and creative ‘distractions’ such as swimming, reading (non-medical journals!) interacting with people other than those in one’s profession. There is a need for conversation, and for spending time in reflection, for engaging in activities which give one a sense of the deeper qualities of life – quiet moments of reflection, looking at human life in a wider perspective since nursing tends to be dominated by the suffering angle. My own personal feeling is, in order to sustain others in illness and themselves in their work, there is a need to grow in spiritual depth. I personally believe that anyone involved in nursing needs to be constantly growing.

In dealing with the seriousness of life in the area of nursing, we should foster lightheartedness, to keep humour in the situation. We preserve the sense of our limitation – we are one of many – not to take everything so individualistically, so that we are destroyed. Our concern for other people is to seek how to better equip ourselves for others, but at the same time we must seek ways in which we can grow. We are to avoid two extremes: an over-professionalism which becomes mere science and efficiency, and becoming so emotionally involved that we are unequal to meeting the real need.

For those of us who are believers, God, we believe, is present in the nurse administering the gift of healing: the Spirit of God in the tone of voice, the concerned quality of their touch, the encouraging look, their hopeful attitude, their respectful presence. The nurse is a messenger of mercy, the nurse is a minister of healing.

In a paraphrase of the words of Henry Nouwen, the nurse is called to be a ‘wounded healer’, one who knows what it is to have one’s own wounds nursed, but at the same time being prepared to nurse the wounds of others. Hence the nurse is truly both the ‘wounded minister’ and the ‘healing minister.’

by: Mgr. Preston Moss.
The theme of the conference was "WHO CARES FOR WHOM".

The conference began with an Ecumenical church service on Sunday morning (25th July) and in the evening the official opening ceremony was held at Marine House, the conference Venue.

There were representatives from all of the Caribbean territories including Haiti, Turks and Caicos and Guadeloupe. The Bahamas had a delegation of eight nurses. Miss Cleopatra Ferguson (President and voting delegate), Miss Susan Roberts (Voting delegate), Mrs. Geneva Thornton, Mrs. Mizpah Davis (Vice President, Trained Clinical Nurses Association), Miss Marva Jervis (President, Student Nurses Association), Mrs. Rose Gardiner and Mrs. Doreen Fernander.

At the opening ceremony speeches were made by the Honourable Errol Barrow, then Prime Minister of Barbados and Miss Josepha Wouter President of the Caribbean Nurses Organization. Following the ceremony a reception was hosted by the Government of Barbados. This was the beginning of a week of Caribbean Co-operation. Translation was provided in English, French, Spanish and Dutch.

* * *

"We are free to be human only in Community with other human beings. This concept is at the very core of a discussion on health and health care," said the speaker, "While the worth of each individual contributions is valued," she continued, "the survival and vitality of the group must be placed above individual needs."

IT'S TIME TO LISTEN!
Translation was provided in English, French, Spanish and Dutch.

Dr. Sylvia Talbot was speaking on "Concepts which Influence Health and Health Care in the Community." She explored the areas of health and the community, responsibility and accountability, community participation and Justice. Dr. Talbot emphasised the need for health education and stated that the nursing profession has a great role to play in that area.

"Nurses have special skills and knowledge which are useful in this process and need to recognise and take advantage of the variety of opportunities available to you to educate," she said.

"Change is irreversible and nurses have to admit it, and take an active part to ensure the position of nursing among the new technologies. Nurses as well as other professionals of the health field will need to reorient their lives and their occupation to better serve the future health needs of the Nation."

* * *

"The Nurse in the 1980's" was the topic of Dr. Adeladia Sanavitis' presentation.

Dr. Sanavitis, of Puerto Rico, said that nurses should prepare themselves to assume roles which are broader in scope and require a higher level of proficiency than those played by them today.

She envisages the day when only three levels of nurses will be needed: one will be the clinical specialist, another the nurse administrator who will plan for, and administer health and patient care programs at a higher sophisticated and independent level, and the third, will

MISS CLEOPATRA FERGUSON, President speaking at the workshop on Nursing Education.
be the teacher and researcher in schools of nursing, hospitals and community.

* * *

THE NURSE AS AN AGENT OF CHANGE

Miss Ena Walters Matron of Queen Elizabeth Hospital, Barbados said "It is obvious that nurses can play a major role in the change process, and because of this they must always employ practices which will produce change with great ease and without trauma."

Open-minded participation, a thorough examination of the goal being sought, and a knowledge of the importance of the change itself were criteria Miss Walters cited which she felt must be met if change is to take place effectively.

She explored the topic of "the nurse as an agent of change in her profession, in the health team and in the community."

Caribbean nurses were urged to evaluate themselves, work together harmoniously, strive for attainment of goals and get involved in changes which are important to general development. "In this way," she said "We will be able to bring about outstanding changes in our profession, will be able to ensure a standard of excellence in nursing practice for our communities, and through our contributions and general interest will assist in bringing about major changes for the improvement of our societies."

* * *

"An Economic and General Welfare Program, including collective bargaining is both appropriate and professional, if we are to remain politically viable," said Mrs. Verna Garcia, as she was speaking on the "Implications of an Economic General Welfare Program for Nurses." Such a program, she said, transcends salaries and working conditions for nurses. "It increases nurses participation in the planning for delivery of health care; it speaks to sex discrimination, Insurance, Retirement Inequities and standards of Nursing practice."

Mrs. Garcia expressed the great need for collective bargaining laws to include representation of Professionals by the Professional Association. She outlined the difference between the benefits derived from a Professional Organization and a Trade Union.

A Trade Union can represent nurses in collective bargaining and other aspects of contract service, but whose interest will prevail when it represents a variety of employees usually the majority of whom are not nurses?

The Professional Organization not only represents nurses in collective bargaining but in all aspects of service and concerns itself solely with the interest of nurses and nursing.

The goals of an Economic and General Welfare Program should be:

1) To provide quality nursing care
2) To promote professional self-determination
3) To protect and advance the economic and professional status of Nurses.

Mrs. Garcia expressed her sincere hope that nurses will urge and assist their Associations to move in the direction of such a Program.

* * *

"... The patient will see the nurse as no stranger. Through the community interaction he sees her as friend, counsellor, teacher and helper and not solely as one interested in his disease."

Nursing students Beverly Straker and Patricia Yearwood was discussing "how the student nurse sees himself or herself in the changes of Health Care Delivery." They were much in favour of a Community Oriented Programme, which will include community involvement, participation in Health Education, industrial areas, and family planning.

The students expressed that the Community aspect of the program will better equip the student for the curative section of the course for the following reasons:

1. She has already met the individuals in their normal environment.
2. She is aware of their needs.
3. She is acutely aware of the conditions which lead to his admission to hospital.
4. She knows all the "wheres" and "hows" of obtaining (without difficulty) assistance for that individual both inside and outside of the hospital.
5. Above all else she knows why he is there, and

Continued on Page 37
INTRODUCING THE CARIBBEAN NURSES ORGANIZATION

The CARIBBEAN NURSES ORGANIZATION is a self-governing Nurses Organization formed by nurses of the Caribbean and adjoining islands and countries.

MEMBERSHIP
1. Nurses who by virtue of the membership with their National Nurses Association, are members of C.N.O.
2. Individual nurses living and working in territories where there is no association.
3. Individual nurses living outside of the region with an interest in Caribbean nurses and nursing.
4. “ASSOCIATES” who are lay and other professional persons who by their help and support to nurses and nursing have been invited to belong to this section.

C.N.O. was founded in 1957 by 14 individual members. Today there are 20 member Associations.

These are:
Anguilla, Antigua, Bahamas, Barbados, Bermuda, Belize, British Virgin Islands, Dominica, Grenada, Guyana, Jamaica, Netherlands Antilles, Puerto Rico, St. Croix, St. Kitts, Nevis, St. Lucia, St. Thomas, St. Vincent, Trinidad and Tobago and Surinam.


FUNCTIONS
1) it advises, helps and encourages nurses to uphold the principles of nursing, and to improve nursing education and nursing services.
2) it promotes understanding and friendship between nurses in all parts of the Caribbean and in the neighbouring countries and Islands.
3) it provides ways by which nurses can meet and exchange knowledge and experiences, which will improve nursing services and widen the outlook of nurses.
4) it considers, follows through and works on projects and/or surveys which will lead to better health for the people of the Caribbean.

The C.N.O. holds biennial conferences.
The 1976 Biennial Conference was held in Barbados July 25-30, 1976 where The Bahamas had a delegation of eight nurses.

Best Wishes

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UWI advanced nursing unit marks 10th anniversary

The Advanced Nursing Education Unit at the University of the West Indies, marked its 10th anniversary on Oct. 3 with a lecture and presentation at the Mona Campus.

The one-year certificate programme in post-basic Nursing Education was started at the Mona Campus, in October 1966.

The unit symbolises a milestone in the development of professional nursing in the English-Speaking Caribbean. The programmes consist of two parallel courses which cover one academic year plus a summer session. One prepares tutors for personnel for nursing service in the Caribbean. The other prepares administrative personnel for nursing service departments and leads to the Certificate in Nursing Administration.

In addition to nursing qualifications and experience the candidates are required to meet the minimum University requirement. They must also take and pass an entrance examination set by the Faculty of Medicine.

Courses of study for the Certificate in Nursing Education include:
- The use of English (Faculty of General Studies);
- Elements of Social Structure (Faculty of Social Sciences);
- Psychology (Faculty of Education);
- Perspective in Nursing (Faculty of Medicine).
- Administrative Technique (Faculty of Social Sciences);
- Field Study - Field experience in Administration and Project (Faculty of Medicine).

With this programme the students are exposed to relevant general education experience in a multidisciplinary setting and are provided the opportunities to develop skills in two functional areas of nursing - teaching and administration.

A large number of graduates from the programmes are at present functioning in the top nursing positions in their territories.

To date, nine Bahamian students have been admitted to the unit; five for the Certificate in Nursing Administration and four for the Certificate in Nursing Education. All students have been granted In-Service Training Awards by the Bahamas Government.

Miss Myrtle Gomez was the first Bahamian to attend the programme. She studied during the academic year 1967-1968, received the Certificate in Nursing Education and at present is a Nursing Officer, Grade I, at the Department of Nursing Administration.

Miss Eloise Penn studied during the academic year 1969-1970; received the Certificate in Nursing Administration and at present is a Nursing Officer at the Sandilands Rehabilitation Centre.

Mrs. Beverley Ford studied during the academic year 1969-1970 and received the Certificate in Nursing Administration. She is present a Senior Nursing Officer at the Princess Margaret Hospital.

Miss Mary Johnson studied during the academic year 1972-1973, received a Certificate in Nursing Education and at present is a Nursing Officer, Grade I, at the Department of Nursing Education.

Miss Cleopatra Ferguson studied during the academic year 1971-1972, received Certificate in Nursing Education and at present is a Nursing Officer, Grade I, at the Department of Nursing Education.

Mrs. Louise Tynes studied Nursing Administration during the academic year 1972-1973; at present she is a Nursing Officer, Grade I, at the Department of Nursing Education.

Mrs. Lula Knowles studied during the academic year 1969-1970 and received a Certificate in Nursing Administration. At present she is a Senior Nursing Officer at the Rand Memorial Hospital, Freeport, Grand Bahama.

Mrs. Evelyn Prescod studied during the academic year 1970-1971; received Certificate in Nursing Administration and at present is a Senior Nursing Officer at Community Nursing Service.

Andil LaRoda studied during the academic year 1971-1972, received his Certificate in Nursing Education and at present is a Nursing Officer, Grade I, at the Department of Nursing Education.

The Nurses Association congratulates the Advanced Nursing Unit and its Faculty for their achievements over the years, and for producing such fine leaders in Nursing.

Do you know of a nurse who is studying abroad?

Be a friend — send a copy of the NURSES' REVIEW

News from home is always appreciated!
INTRODUCING THE I.C.N.

INTERNATIONAL COUNCIL OF NURSES

Through the I.C.N. nurses have the opportunity to contribute to international understanding and co-operation.

The International Council of Nurses, founded in 1899, is a federation of national nurses associations. Its purpose is to provide a medium through which member associations can share their common interest of developing the contribution of nursing towards the promotion of health of the people and the care of the sick.

At the present Nurses Associations in 84 Countries around the world are in membership with the I.C.N. The Bahamas was received into the I.C.N. in 1973.

FUNCTIONS –

1. To promote the organization of the National Nurses Associations and to advise them in their continued development.

2. To assist National Associations to play their part in developing and improving the health service for the public, the practice of nursing and the social and economic welfare of nurses.

3. To provide means of communication between nurses throughout the world for mutual understanding and co-operation.

4. To establish and maintain liaison and co-operation with other international organizations and to serve as representative and spokesman for nurses at international level.

5. To receive and manage funds and trusts which contribute to the advancement of nursing or for the benefit of nurses.

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6. To do all such other things as may be incidental or conducive to the attainment of the objectives of I.C.N.

STRUCTURE:

The governing body of the I.C.N. is the Council of National Representatives, which consists of the I.C.N. honorary officers and the presidents of member associations. It meets at least every other year and every four years in connection with an I.C.N. QUADRENNIAL Congress.

The Board of Directors consists of the I.C.N. honorary officers and eleven (11) elected members.

It meets at least once a year.

I.C.N. HEADQUARTERS

The activities of the I.C.N. are carried out from headquarters where the staff are advisory and consultative in their relationship with the National Nurses Associations, while at the same time being executive within the structure of I.C.N.

ADDRESS: International Council of Nurses
P.O. Box 42,
1211 Geneva 20 / SWITZERLAND.
"Qualified Nurses must direct Nursing Education and Nursing Service", says I.C.N. Resolution on Nursing Authority as adopted, August 1975 by the Council of National Representatives.

"WHEREAS, nursing is a profession in its own right although it is allied in providing health care with its colleagues in all other health professions, and

"WHEREAS, nurses have the responsibility and accountability for nursing services which they provide for people, sick and well; and

"WHEREAS, nursing has a body of nursing knowledge and nursing practices which must be

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ICN ADOPTS DEFINITION OF "NURSE"

The International Council of Nurses (ICN) has adopted a new definition of the "nurse" for international use. The definition was agreed by the Council of National Representatives (CNR), ICN's governing body, at its meeting in Singapore August 4-8, 1975.

The definition of the "nurse" adopted by the CNR reads:

"A nurse is a person who has completed a programme of basic nursing education and is qualified and authorized in her/his country to practise nursing. Basic nursing education is a formally recognized programme of study which provides a broad and sound foundation for the practice of nursing and for post-basic education which develops specific competency. At the first level, the educational programme prepares the nurse, through study of behavioural, life and nursing sciences and clinical experience, for effective practice and direction of nursing care, and for the leadership role. The first level nurse is responsible for planning, providing and evaluating nursing care in all settings for the promotion of health, prevention of illness, care of the sick and rehabilitation; and functions as a member of the health team. In countries with more than one level of nursing personnel, the second level programme prepares the nurse, through study of nursing theory and clinical practice, to give nursing care in cooperation with and under the supervision of a first level nurse."

"WHEREAS, the subject matter of nursing courses is distinct and different from the content of such non-nursing courses as medical science, pharmacology, psychology, and other subjects taught by non-nurse faculty;

THEREFORE BE IT RESOLVED
That all nursing services in health care facilities of all types be directed by qualified directors who are nurses; and

FINALLY BE IT RESOLVED
That all teaching of nursing courses, theory and practice, be done by nurses who are qualified to teach.
You are invited to join other nurses from around the world at the 16th QUADRENNIAL Congress of the International Council of Nurses 30th May – 3rd June, 1977 in TOKYO, Japan . . . to explore “NEW HORIZONS FOR NURSING,” in presentations, lectures, debates and panel discussions. Simultaneous interpretation will be provided in English, French, German, Spanish and Japanese. In the afternoon participants will have opportunities to attend special interest sessions of their choice relating to the day’s subjects. Among the issues which will be raised in the plenary sessions are:

1. WHAT’S NEW IN NURSING PRACTICE AROUND THE WORLD.
   A discussion of new problems to which nursing has addressed itself during the last five years and an overview of the future of nursing.

2. CHANGING DIRECTIONS IN NURSING EDUCATION.
   A debate on “A new approach to education for nursing” and a panel discussion on “Changing focus in nursing education: primary health care.”

3. NEW DIMENSIONS OF PROFESSIONAL RESPONSIBILITY OF NURSES.
   Papers presented by nurses speakers on nursing authority the rights of nurses and individual and collective responsibility.

REGISTRATION FEES

Student nurses are encouraged to participate.
NUTRITIONAL PROBLEMS IN CHILDREN

By DR. SKEFFREY – PAEDIATRICIAN

In recent years nutritional deficiencies has become the most serious child health problem in developing countries. It is one of the most important groups of conditions affecting infant mortality, and the second year of life has recently been emphasized as a particularly dangerous and risky one for those who have not attained a normal nutritional state and are more vulnerable due to a combination of malnutrition and infectious diseases. The basic body processes for which food is required are the expenditure of energy, the maintenance of internal environment, and cell growth and repair. Calories are needed for the expenditure of energy. Water is essential for the maintenance of internal environment. The intake of specific nutrients i.e. protein, carbohydrate, fats, vitamins, and minerals, provide for normal growth and cell maintenance. The problem of nutritional disorders is therefore an extremely complex one, presenting a wide variety of clinical pictures according to the type and severity of the deficiency or multiple deficiencies, the age of the patient, the duration of the disease and the environment of the patient.

In young children, the most common and widespread nutritional problem is probably general malnutrition resulting from dyspepsia, diarrhoea and gastroenteritis, as well as from a defective diet. Dyspepsia may include food intolerance, colic, and allergy. Food intolerance generally defined as poor acceptance of the formula, is often manifested by frequent vomiting and diarrhoea or both. Colic generally refers to periodic excessive crying which may appear to be due to intestinal pain, often after feeding, and may occur in otherwise healthy infants. Most babies with colic may respond to improvement in feeding techniques or modification of the diet. Frequent changes in formula should be avoided. Food allergy is rare in breast-fed babies. Some artificially fed infants are allergic to cow’s milk. Infants may also be allergic to specific semi-solid foods. Diarrhoea and vomiting may result from dehydration from loss of body fluids and disturbances in acid-base balance (acidosis or alkaloses). The peak incidence of gastroenteritis is often followed by that of malnutrition clinically seen as wasting emaciation, marasmus, or growth failure.

PROTEIN DEFICIENCY

Kwashiorkor is a complex condition of protein deficiency often associated with other conditions both dietetic and infective. The name, derived from the Ga language of Accra, Ghana, indicates ‘the disease of the deposed child’. The most acute form is generally found in a child of 10 to 24 months who has had an excessive carbohydrate diet containing relatively little protein. Signs include weight loss, oedema, depigmentation of skin and hair (hair becomes dry, sparse and straight, moreso in chronic cases), hepatomegaly, and a typical ‘flaky paint’ skin rash and cachetic purpura in late and terminal stages.

VITAMIN DEFICIENCIES

These normally produce disturbances in the patterns of growth, metabolism, and development. Such conditions are rickets (D deficiency); scurvy (C deficiency); xerophthalmia and follicular keratoses (A deficiency); beri-beri (B deficiency); cheilosis and cheilitis (riboflavin deficiency); pellagra (niacin deficiency); megaloblastic anemia (folic acid deficiency) and numerous other distinct symptoms.

Scurvy and rickets are rare in the tropics. Artificially fed infants may require supplements of C and D since cow’s milk contains low levels of both. In the breast-fed infant if the mother is otherwise adequately nourished, D (very rarely) is the only vitamin likely to require supplementation due to low D levels in breast milk. Antanomosis A is one of the chief causes of blindness. Manifestations may occur as early as 9 days after birth. Most cases are due to unsuitable bottle feeds e.g. sweetened condensed milk and unsupplemented skimmed milk powders. It may also occur in prematures and twins. Pellagra, rare in children, does not occur in those on a milk diet, but does in those of a maize diet. Infantile beri-beri is seen in an unsupplemented over-milled white rice-eating population.

MINERAL DEFICIENCIES

Interferes with growth and development and may result in anaemic (iron deficiency), acidosis, alkalosis, rickets and tetany (calcium deficiency) a lack of calcium and vitamin D is accentuated by rapid growth such as seen in premature and overweight babies. Some of the sweetened condensed milks are so deficient in calcium, proteins, vitamins A and D and contains so much carbohydrate, that rickets may result from their use.

Iron deficiency is the most common mineral deficiency in children especially in many developing countries. It is related to the adequacy of birth stores (incidence high in prematures and twins due to inadequate birth stores) rate of growth, and availability and form of exogenous iron. Often it results from a combination of factors such as dietary deficiencies (prolonged unsupplemented human and cow’s milk, iron-poor staples) bacterial and parasitic infections, and genetic abnormalities, particularly sickle cell anemia.

PREVENTION

For preventative action, a knowledge and understanding of basic nutritional concepts and the ability to differentiate between types of disorders is essential, and can only be achieved by nutrition education not only for health workers but for everyone. Community health nurses are particularly important for nutrition education through the medium of well planned and operated maternal and child health services not only in the clinics but also in the home. They must make an effort to know the people who live in their various communities. Only then will they be able to determine whether or not the child can get the necessary foods, help in finding out what is needed and educate the people in the
The use of locally available foods. Community education may include many topics e.g. THE ANTE-NATAL DIET — good nutrition begins before the baby is born and the antenatal diet provides the food for the growth of the newborn infant. The pregnant mother needs to increase the amounts of food for growth and protection (e.g. extra milk, cheese to provide the calcium needed for the infant's teeth and bones, fish and meat to provide protein, fresh vegetable and fruit for vitamins and iron).

BREAST-FEEDING

It is the duty of all health workers to encourage all mothers to breast-feed their babies. Nature has provided the most perfect food for a newborn baby in the form of breast milk which supplies all the specialized nutrients for the infant and is the most valuable, most convenient, cheapest but most neglected source of protein.

CHOICE AND PREPARATION OF FOODS FOR INFANTS AND TODDLERS

There are a variety of powdered milk feeds. All are similar and modify cow's milk towards similarity to breast milk but are made by different companies and vary in price. Significant differences are found in degree and refinement of modification unmodified cow's milk preparations are no longer recommended for infant feeding due to the risks of neonatal tetany and hypernatremia. The important thing is to advise one closest to breast milk in composition and which the mother can afford. Sweetened condensed milk should never be used and babies under one year should not be given skimmed milk if any other is available. Extra amounts of food for growth and protection are needed in this age group e.g. extra milk, fruits and vegetable and cereals.

SCHOOL LUNCHES

The child needs sufficient energy for work and play during the school hours. A nutritious breakfast is important and milk must be included in the diet. This short article should impress on us all the important of understanding and being familiar with the multitudinous problems associated with the maintenance of good nutrition in order to promote the health of the nation.

REFERENCES

2. Williams, C.D. and Jeliffe, D., Mothers and Child Health.
PHENYLKETONURIC OR P.K.U.

This is an inborn error of protein metabolism. All proteins we eat contain amino-acid called phenylalanine. Most of this is normally converted into another amino-acid called tyrosine but the phenylketonuric cannot do this. The disease is due to a fault in the liver not in the brain. It is a rare recessive genetic disease i.e. both parents have abnormal genes in which progressive failure of mental development is the most important feature.

This disease was discovered by Dr. Folling of Norway in 1934. He noticed an unusual colour change when he added the solution of ferric chloride to urine of a mentally retarded child. For a long time this was the only method of confirming diagnosis. Phenistix test was devised because it would be used to test for phenylketones in a tiny drop of urine or on a wet napkin thus enabling diagnosis to be made in many babies early enough for effective treatment.

It has now been superseded by the test using blood instead of urine. This test is called the Guthrie Test which demonstrates abnormal blood levels of phenylalanine. This is done between the fifth—seventh day or should not be done until the baby has established feeding. In premature babies the test should be repeated. The discs of filter paper are impregnated with blood taken from a heel stab.

In some places blood is collected into microcapillary tube. Ends of the tube are sealed with plastcine before sending it to the testing laboratory.

At Princess Margaret Hospital this test is being done routinely for screening purposes. Mothers are instructed to bring along the P.K.U. cards at the laboratory on the date specified. When informing mothers about the Guthrie test I find it extremely important to choose words carefully for the images that nursing terminology conjures in the minds of lay persons are often quite different from those intended by the nurse.

Early treatment preferably starting in the first four weeks is essential. Treatment by a special diet, free of protein but with substitutes of it given. This is continued until adolescent because brain cells are developed and mental deficiency won't occur. It is essential to give the diet with little phenylalanine. Most normal protein foods and some vegetables are forbidden. Bread, cakes and biscuits made with ordinary flour are not allowed. Milk can only be given in carefully measured qualities. Special protein foods are now manufactured from either casein or albumin from which most of the phenylalanine has been removed. Pk Aid 1 and Aminogram are fairly new preparations and consist of mixtures of pure amino acids. With these products, taste is better, quantity required is smaller and they contain fewer calories. It is essential to give mineral supplement.

In low phenylalanine diet, each meal must contain, carefully calculated proportion of daily requirement of special protein and phenylalanine portions. Free foods which contain little or no phenylalanine are given according to appetite. Special vitamins are given daily. A dietitian specially trained in this work can advise mothers how to prepare attractive meals.

Results from treatment are very satisfactory if diet is started within the first few weeks of life. After late diagnosis, treatment should always be considered although unfortunately for many it offers no hope of improvement. Therefore we as nurses should stress to mothers that anything which can be done to give the young a better, more stable start in life is to be welcomed in spite of the cost.

NURSE MAVIS CAMPBELL
NURSING IN THE CHRISTIAN ERA

Na lemme tell yer sumtin
Er tink yer ought ter no
It hav ter do boat nursin
In the days of long ago
Yinna ger tink er jokin
But chile, I oughta no
'Cause I have been a patient
In them days of long ago.

We aint had no big ole bildin
Like yinna have terday
All we had was one lil room
But we din had ter pay

For God sen one good good lady
Fabiola she did name
She start ter bill a hospital
That'll never be the same
'Cause she did tink was sin yer know
Fer Marryin twice or more
So e take all e welt and strent
In helpin out the poor

But woe be unto us and son
No bathin there was done
For they did say that when God wash
And make us whole and one

And oh the nursin workin
Dey all did smell alarm
'Cause when yer tink is patients sent
Thats causin all the harm
Go walk away and smell again
Is Nursis underarm

Un when them sisters come in
Wid dem staggin and they pose
Dey rum scent wanta kill yer
Bringin fresh cold from yer nose
Un don't mis and leave yer fruits yer see
Widout a bite or bore
Cus wen yer tink yer want it
It just aint there no more

Un ole Jerome e come in
Wid e lantern and e bell
If yer dont look good and careful
You'll tink e come from hell
And when e come down ringin
And er talkin bout the grace
Yer could almost see the tiredness
On da poor old devil's face

At this point now, the nursis run
Is prayer time yer see
Them fools spen more time prayin
An dis is time fer tea
Dear God they say please wash them
And make dem wite as snow
But what they should be prayin bout
Is gettin' well yer know

But since we on the subjick
Bout gettin well and ting
Yer shud stan back, relax and lissun
And hear them sisters sing
For God yer know that when these nuns
Take pluse or temperature
They would'nt a been a doin this
If wasnt fer fear of yer

Now summin it in one you see
It wan't the best of course
But everybody got their share
Attention by the gross.

by Patricia Thompson

BEST WISHES
to the
BAHAMAS NURSES ASSOCIATION
from the folks at
Kentucky Fried Chicken.

4 LOCATIONS
IN NASSAU

RSES' REVIEW '76-'77 – 15
On Friday, 6th February, 1976, Livingstone Mortimer collapsed on his job. He was administered first aid and then rushed to the Princess Margaret Hospital where he was pronounced dead on arrival.

Behind these bare facts lies a story of great human interest.

An amputee, Livingstone Mortimer had been unemployed for 2 years due to his disability. However, when Abilities Unlimited, a branch of the Bahamas Council for the Handicapped, commenced operations in January 1975, the first employee was Livingstone Mortimer who was thus given an opportunity to dignity and self-respect during the last year of his life.

The two prime movers behind Abilities Unlimited are Dave Smalley, a paraplegic who won the Golden Heart Award of 1974, and John Fisk, well-known in community work in Nassau who has been seconded by the Salvation Army for 3 years to this organisation where he is the Manager. A charitable, non-profit company, whose directors comprise Bahamians, Americans and English people, Abilities Unlimited is assisted by a back-up organisation called the Ironsiders Club which numbers among its 140 members (most of whom live in this country) citizens of the Bahamas, U.S.A., Canada, Jamaica, Barbados, United Kingdom, India and other countries -- a truly international venture.

Abilities Unlimited is geared, not to doling hand-outs to deserving people --however admirable this may be in extreme cases-- but to long-term goals of helping handicapped people to secure employment and thus a measure of dignity and self-respect. The long-term goals are well expressed in the ancient Chinese proverb: "Give a hungry man a fish and you feed him for a day; teach a hungry man to fish and you feed him for life".

During 1975 the organisation provided employment for 24 handicapped people --paraplegics, deaf mutes, alcoholics and retarded and mentally ill people-- in the areas of upholstery, sewing, spraying, repairing and refurbishing furniture and other articles, and in the manufacture of brooms, brushes and mobiles of the coat of arms of the Bahamas.

During 1976 it is intended to extend the range of activities. The U.K. Government has donated chalk moulds to the organisation to produce school chalks; the Rotary Club of West Nassau and philanthropic individuals combined efforts to provide a small ceramic business in Palmdale which is producing Bahamian souvenirs; and the Rotary Club of East Nassau is constructing a
temporary building to be used as a workshop. Financial and other help has been forthcoming from individuals, organisations, firms, churches and service clubs, but it needs to be continued and indeed increased during the formative years of the organisation which plans eventually to be financially self-sustaining.

Official visits to Abilities Unlimited have been recently paid by the Prime Minister, the Rt. Hon. Lynden O. Pindling; Sir Roland Symonette who is a member of the Ironsiders Club; and India's High Commissioner to the Bahamas (who is also the Ambassador of India to U.S.A.), the Honourable T. N. Kaul. Numerous individuals, church groups and other organisations have visited the operations to see first-hand what is being done for the handicapped people and --far more important-- what is being done by the handicapped people.

A visitor to the operations on Mackey Street would be met by charming, efficient Ms. Rosebud Belle. Mr. David Wells and Mr. Redison Clarke combine efforts in the furniture department, while Mr. Rufus John and Mr. John Rolle operate in the soft furniture section. Mr. Hanover Hall and Ms. Ruth Collins are in charge of used postage stamps. The driver is Mr. John Johnson, and two boys from the Stapledon School for Retarded Children work on a part-time basis.

The ceramic business in Palmdale is a beehive of activity with Ms. Leonie Forbes, Mr. Denny Miller and Mr. Victor King working under the supervision of Ms. Faustina Albury. Ms. Mildred Skelton, of Nassau Pottery, lends her expertise to this venture, and Ms. Frankie Thompson assists in various ways.

How can the general public help Abilities Unlimited? By becoming members of the Ironsiders Club for $10.00 annually, and urging friends to join, in an endeavour to attain the target of 1000 members. By publicising the work of the organisation. By saving used postage stamps. By assisting in the various activities (such as operating a stall at the annual Fair, or selling tickets for concerts and other programmes), and organising other fund-raising activities independently of Abilities Unlimited. By visiting the operations and taking a personal interest in the employees.

A recent ILO pamphlet on vocational rehabilitation is entitled: "The Handicapped: Outcaste or Full Partner in Society?" The answer to this challenging moral question rests entirely with us.
CARING: A Psychiatric Nursing Perspective

By MISS MARY JOHNSON
Psychiatric Tutor

If I were a psychiatric patient what would matter to me?

To know that someone would understand and care for me and dare to prove it.

The most essential quality in any person who is sincerely dedicated to helping the mentally ill return to reality and health is his capacity to “care” for the patient.

A psychiatric nurse expressed the need thus: “We are facing a great challenge because we not only do in relation to our patients, we must also think and feel.”

There are numerous ways in which you can meet this now generally recognised challenge.

If you care for your patient you will give of yourself to him – not material things but your joy, interest, understanding, knowledge, humour – all of that which is alive in you. In so doing you will enrich his life and enhance his sense of “aliveness” – you will feel responsibility for him – not an obligation to dominate or be possessive but a desire and readiness to recognise his emotional needs as well as his physical needs and respond to him in terms of how he feels and not of how you feel or would like him to feel.

You will feel respect for him – not a need to have him depend upon or be servile to you, but rather, a willingness to let him grow and unfold for his own sake; to see him as he is and be aware of his unique individuality. By so doing, you will convey to him this feeling: “You are worthwhile, I wish you would let me help you”.

You will know, for instance, that he is angry, but, you will know him even more deeply than that; that he is anxious and worried; that he feels lonely, and guilty; that his anger is only the manifestation of something deeper. See him as anxious and embarrassed, that is, as the suffering person, rather than an angry one.

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You will refrain from sympathy — not feeling or expressing pity at the traumatic circumstances of his life, because, such pitying might simply prevent the patient from looking at his participation in these events and at the useful alternatives that were indeed open to him and thus further prevent him from recognising his reason for not choosing the health provoking experiences that were available.

Rather, in your caring, you should attempt to furnish the patient with opportunities to use and develop his intelligence and help him in gaining useful explanations of his experience especially during illness.

No one has greater opportunity to care for the mentally ill than nursing service personnel. You, more than any others, deal with the sights and sounds, the textures and the colours, in short, the stark realities of everyday life in the wards and are faced with the task of defining and re-defining boundaries of reality to persons who are often not too sure of their own humanity let alone the boundaries of the world in which they exist.

Unless you are able to care for your patient, make him feel that he matters to you, that you are available and understanding, concerned about him, have warmth and empathy for him, see him as a worthwhile human being with potential for recovery and not just as a remote hopeless figure in one of the wards; unless .... you are able to “care,” all the textbook knowledge in the world, all the top grade classroom performance, all the newest scientific techniques will never bring about the therapeutic response so vital to his recovery.

In this article, an attempt has been made to focus attention primarily on the role of the nurse in the psychiatric environment. However, I believe that much of what has been said could well be applied to every segment of nursing if we are to effectively meet the needs of the medically ill and those with surgical conditions including the sick child, the geriatric and maternity patient.

Caring, compassion, tenderness, and a readiness to help the other person can be the magic keys that free your patient to return to reality and health.
**LOVE AND COMPASSION**

One of the Commandments says, "Thou shalt love thy neighbour as thyself". This Commandment may be very hard for some of us to live by, perhaps because of our social and economical status. Unless we are at peace with ourselves, our minds become distorted in understanding other people, whether at home, at work or in our social life.

Love and compassion help us to recognise and appreciate the good qualities in each other.

Love, whether we give or receive, is a great fulfillment, for if we have the capacity to love and not to expect any in return, we have a special gift.

As we go through life's journey, especially in our profession we see many facial expressions. Some say "I love you", and some portray unhappiness. It may be a disgruntled boss or an employee with domestic problems.

However, through compassion and love, one will be able to have the courage to change the things that one can by just trying to understand.

We can have patience and compassion, providing the necessary support, without being a crutch.

* The beginning of love is to let those we love be perfectly themselves, and not to trust them to fit our own image otherwise we love only the reflection of ourselves we find in them."

**PATIENCE**

Patience is the guardian of faith
The preserver of peace
The cherisher of love
The teacher of humility
Patience governs the flesh
Strengthens the spirit
Sweetens the temper
Stifles anger, extinguishes envy
Subdues pride
She bridles the tongue, restrains the hand
Tramples upon temptation
Endures persecutions
Consummates martyrdom
Behold her appearance, and her attire
Her countenance is calm and serene
As the face of heaven
And no wrinkle of grief or anger is seen
On her forehead
Her eyes are as the eyes of doves for meekness
And on her eyebrows sit cheerfulness and joy.
She is clothed in robes of the martyrs
And in her hand she holds a sceptre in the form of a cross.
She rides not in the whirlwind
Or in stormy tempest of passion.
Her throne is the humble and contrite heart
And her kingdom is the kingdom of peace.

**CONTRIBUTED BY:** Nurse Agnes H. Davies

**CONTRIBUTED BY:** Nurse Ophelia Munnings
**AUTHOR:** Unknown

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The Regional Nursing Body is a non-statutory, autonomous, collaborative advisory organization, which was established at the Inaugural Meeting held in Guyana in December 1972.

NON-STATUTORY — was set up through agreements of the Governments of the participating territories and by resolution of nursing leaders and Ministers of Health,

AUTONOMOUS — makes its own policies, regulates and controls its own affairs with the approval and consent of Ministers of Health of the unit Governments,

COLLABORATIVE — seeks to work with the thorough existing nursing agencies and organisations in the Region, not to complete with or displace any of them,

ADVISORY — The Regional Nursing BODY carefully collects and studies data on the basis of which it makes recommendations to Governments or individuals concerning problems of interest.

The Body consists of Nurse Representatives nominated by the following Governments and Organisations, one from each country:-

- Antigua
- Bahamas
- Barbados
- Belize
- Bermuda
- British Virgin Islands
- Dominica
- Grenada
- St. Vincent
- Guyana
- Jamaica
- Montserrat
- St. Kitts-Nevis-Anguilla
- St. Lucia
- University of the West Indies
- Trinidad and Tobago

OBJECTIVES OF THE REGIONAL NURSING BODY

(a) To identify the need for the basic and post basic educational programme on a continuing basis, sharing existing resources and giving impetus to the development of nursing services for the improvement of health care;

(b) To determine priorities in the solution of health problems based on the study of needs which can be dealt with on a basis of regional co-operation, and formulate policies and programmes to deal with same;

(c) To establish a pool of qualified persons who would act as Regional Nursing Examiners and assist in introducing objective procedures into Nursing Examinations;

(d) To inform territories of progressive trends in nursing;

(e) To stimulate research in nursing education and nursing practice with emphasis on the quality of health care;

(f) To provide advisory services to the Health Ministers Conference and individual territories when requested;

(g) To collaborate with other bodies in the identification of health problems and the formulation and implementation of programmes to solve them.

In relation to the objectives of the Regional Nursing Body, the following activities have been carried out:-

1. ACCREDITATION OF SCHOOLS OF NURSING
   The Body —
   — received and studied data from a Survey of Nursing School of the Region done in 1964 and 1971.
   — selected and adopted criteria and procedures for use in accreditation of Nursing Schools.
   — Developed a system through which Nursing Schools will be given recognition for their standard of Nursing Education, and
   — will give aid to those schools which have not been granted accreditation, in order that they may meet the criteria in two — five years.

2. PANEL OF EXTERNAL EXAMINERS FOR USE WITHIN THE REGION
   Difficulty in some territories in obtaining qualified Tutors to act as Examiners was considered a major problem. It was agreed, therefore to establish a Regional Pool of External Examiners who could assist those territories both in providing persons qualified to act as Examiners, and to assist, and advise territories in evaluation of students. The Body proposes that persons selected to serve on the Panel of Examiners shall receive orientation to their functions.

3. REFRESHER COURSES FOR TUTORS
   With the assistance of external aid, it is proposed to develop a system to provide continuing education for Tutors.
4. ADVANCED NURSING EDUCATION

PROGRAMME - UWI

The Body gives support and recommends to Governments that they approve the B.Sc. Degree Programme and continue support of the Certificate Programme in nursing at the UWI.

The fourth Annual General Meeting of the Regional Body was held on August 23rd - 27th, 1976 in Bermuda.

At that meeting a decision was taken to have a feasibility study carried out on regional examinations for nurse registration in the region to determine:

1. Whether the development of a regional examination is still relevant and timely and
2. What precisely do individual Governments think about regional examinations for nurses.

The study will be conducted mainly by interviewing and questionnaire. Each country will be visited and the following persons will be interviewed:

(a) Ministry Personnel
(b) Personnel from Schools of Nursing
(c) Personnel from Nursing Councils

It is proposed that the study will take place between October and December 1976.

The importance of introducing Regional Examinations for Registration would be to:

1. Establish a uniform standard of testing and evaluating nursing students for nurse registration in the Caribbean;
2. Implement a uniform policy for passing, failing and rewriting of examinations;
3. Provide adequate security for production and administration of examinations;
4. Institute continuing research on examinations and examination policies;
5. Provide a tool for use in developing curriculum for school of nursing and nursing competency;
6. Implement a system through which reciprocal registration of nurses in the Region could be brought about.

Finally to introduce a regional link into the general education system through the Caribbean Regional Examinations Council could be developed.

Miss Florence Daley R.N.B. representative conducted the feasibility study in The Bahamas Monday and Tuesday November 1st and 2nd 1976.
COMMONWEALTH NURSES FEDERATION

Miss Margaret Brayton, Executive Secretary of the Commonwealth Nurses Federation, visited the Nurses Association August 9th to August 13th, 1976.

EDUCATION COMMITTEE

Members:
- Miss M. Thompson, Chairman
- Miss M. Bethel
- Mrs. E. Rutherford
- Miss H. Rahming
- Mrs. P. Rahming
- Mrs. L. Major

During the period June to August 1976 a series of lectures in Midwifery, Neurosurgery, Obstetrics and Gynaecology, General Surgery, and Surgical management of the patient were offered to nurses. The lectures were given by Mrs. E. Rutherford, midwifery tutor, Mrs. C. Bowleg, nurse educator, Dr. Sherman, Dr. Nottage, Dr. Soni and Dr. Farrington.

In addition, Mr. Lowe of Mead Johnson Company gave an interesting lecture and demonstration on Aseptic technique in relation to the preparation of infant feeds.

Dr. Nottage also introduced the Partogram (the new Maternity forms used in the hospital) during this time.

The committee takes this opportunity to convey additional thanks to all those who so willingly assisted with the lectures.

She was met at the airport by Miss Cleopatra Ferguson, then president of the Nurses Association, Mrs. Geneva Thornton, Miss Marva Jervis, Mrs. Mizpah Davis and Miss Glendamae Rolle.

During Miss Brayton's stay she met with many nurses and discussed the activities of the Federation at a meeting on August 11th.

The Commonwealth Federation is an organization comprised of Commonwealth National Associations.

The purpose of the Federation is to raise the standard and status of nursing. One of its objectives is to promote cooperation and coordinate activities between member associations for the exchange of knowledge and sharing of ideas.

Miss Brayton presented the Association with a gift—a £10 note with a portrait of Florence Nightingale. This was in honour of International Women's Year.

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Bahamas Delegates outside Marine House where the Conference was held.

Delegates with Miss Nita Barrow being entertained at the home of Dr. and Mrs. Stewart.

Delegates outside the Church following the Ecumenical Service.

Having a chat during Coffee Break.

Delegates Visiting The Queen Elizabeth Hospital.
NURSES PLEDGE

In full knowledge of the obligations I am undertaking, I promise to care for the sick with all the skill and understanding I possess, without regard to race, creed, colour, politics or social status, sparing no effort to conserve life, to alleviate suffering and to promote health.

I will respect at all times the dignity and religious beliefs of the patients under my care, holding in confidence all personal information entrusted to me and refraining from any action which might endanger life or health.

I will endeavour to keep my professional knowledge and skill at the highest level and to give local support and cooperation to all members of the health team.

I will do my utmost to honour the international code of nursing ethics and to uphold the integrity of the nurse.
SOME THOUGHTS ON THE MIDWIFE'S CHANGING ROLE

HOW PREPARED IS SHE FOR THE ROLE THAT CHANGES DEMAND?

It is increasingly recognized that inadequacies in the range and depth of midwives' performance exist, which may be as a direct result of inadequacies in training. The presumptive role is not always consistent with the changes that have occurred within the profession.

Increase in knowledge in the medical sciences has caused constant change in some aspects of midwifery. This trend is likely to continue. The midwife, therefore, must keep up with these changes and advances, and it is imperative that she assumes responsibility for her own learning.

Safe practice is based on sound training, but the importance of continued education for midwives must be also stressed. Unfortunately, midwives do not, as a whole, give appropriate attention to their OWN development, on their OWN initiative and this often leads them to deliver a level of care that is below standard.

One of the major changes observed is that instead of being basically a practitioner in her own right, the midwife has become an autonomous member of a team.

There is a great need to be a safe clinician, for safety of her practice is also being challenged from within the ranks of midwives as well as from the outside.

In order to be effective within this team she must have knowledge of the changes and understand the processes that go on to affect individual and group actions and interactions. She must (a) recognise the importance of, and factors which inhibit, communication, (b) possess a sensitivity to the way other people see things; and (c) develop skills in dealing with their rigidities and peculiarities.

Many would agree that the midwife's opinion is no longer accepted unquestioningly. She often now functions as a counsellor, but in this role she must be equally sensitive to clients' views as well as the social and economic circumstances of the family. Whatever the matter on which counselling is desired, be it breastfeeding or abortion, the midwife must leave decisions to client so that she (the client) feels she has come to the most appropriate and satisfying solution for herself and not left with a sense of guilt.

With increased health education for groups and individuals the midwife's role as educator demands not only “instruction” as for example, in the use of inhalation analgesia but also “enabling patients to understand” and prepare for the physical and psychological changes before, during and after birth, and how to cope with the family adjustments that must be made.

The truly professional midwife must always look critically at, and evaluate, her own work, be able to appraise the effectiveness of her actions and help herself and colleagues examine alternative practices or proposals, proposals.

Her practice not only provides opportunity to demonstrate sound birthing knowledge, confident and competent professional skill at delivery, but also ability to provide the emotional and intellectual support needed by those who seek her assistance with emerging parenthood.

Our identity as midwives must remain visible in the eyes of the professional as well as the non-professional public.

In concluding these reflections, I would like you to Stop! Think! and Assess Your Performance!

Then ask yourself the question ............... . .

“What Will I Do Over The Next Year To Improve on What I Do Now?”

Best Wishes.

E. RUTHERFORD (Ms.)
Midwifery Tutor
September, 1976.

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NURSES’ REVIEW ’76-'77 – 29
Hypertension Project

Members of Nurses Association played an active part in taking the blood pressures of a large number of people of the community.

The project on Hypertension was sponsored by the Nassau Kiwanis Club in April 1976.

The Association takes this opportunity to thank the nurses for their participation in such a worthwhile project.

Pictured with Dr. Anthony Zervous and Miss Cleopatra Ferguson, Past President of the Nurses Association, are members of the Nassau Kiwanis Club having their blood pressure taken.

Socio-Economic Committee 1976

Mrs. Sharon Brown - Chairman
Mrs. Merle Key
Mrs. Ruth Outten Miss Zorene Curry
Miss Frederica Blakely Mrs. Judy Deveaux
Mrs. Andrea Adderley Mrs. Zel Lockhart.

During the year 1976 the committee sponsored several functions which were very well supported by the nurses.

A Lenten Tea was held on 4th April at the home of the president. On Sunday May 2nd a Children’s Fashion was held in the Royal Victoria Gardens and on Saturday, May 29th a Cookout was held on Goodman’s Bay.

The committee takes this opportunity to thank all those persons who helped to make the functions successful by their many contributions.

Proceeds from these functions were used to send our delegates to the 10th Biennial Conference in Barbados July 1976.

Florence Nightingale Birthday Service was held at Holy Trinity Anglican Church in Stapledon Gardens on Wednesday 12th May, 1976.

The service was conducted by Fr. Etienne Bowleg.
Following the service refreshments were served at the home of Nurse Rollins Gibson in Stapledon Gardens.

The Offering was donated to the Emergency Hostel.
CHRISTIANITY, PROFESSIONALISM, AND WOMANHOOD

By MS. JOYCE CLARKE LARRIMORE

The year 1975-1976 has been declared International Women's Year. The members of the Nurses Association of The Bahamas are proud to be a part of this history-making occasion and salute women everywhere. The Nurses Association was founded and established on Christian principles, and throughout the years of its existence the Association has practiced and upheld these principles. The world in which we live is ever changing, and becomes more complex each day. This, if one is not careful, can lead to lack of emphasis on some of the more important things in life. I believe that a nurse ought not forget that the spiritual aspects of her work, holds as important a place as the various areas of patient care.

I further believe that the nursing profession is one of the most meaningful ways in which a woman can serve humanity. Those of us who are privileged to be a part of what has often been referred to as a ministry of healing, ought to feel an obligation to serve with sincerity, honesty and love, for it was our Lord who himself said “Whatsoever ye have done unto one of the least of these my brethren ye have done it unto me.”

In conclusion I would offer a challenge to you as well as myself, that this “International Women’s Year” be a time of reflection not only on the contributions we are making, but more importantly on ways in which we might improve on them. We ought to also question ourselves as to whether we are always as professional in our conduct as we could possibly be. Do we by our conduct bring honour to our profession? Do other nurses see anything in us that they might wish to emulate if they so desired?

Can others look at you and remark, “There goes a christian, a professional, and a woman!”?

WHAT PROMPTS ME TO PRAY?

by Nurse Angela Carroll

Read Matthew 25:36 – 46

“Watch and pray, that ye enter not into temptation the spirit indeed is willing, but the flesh is weak.”

Matthew 26:41.

Three things lead me to pray daily:

1. The need to develop my realtionship with God
2. The desire to make my faith something real and vital in my life.
3. The effort to keep God always at the centre of my life.

When we commune with God through prayer, we receive the firm conviction of His presence in our lives. This communion with God, this being in His presence, is worth more in terms of spiritual vision and power than all the other aspects of prayer. The fact that prayer takes us into the presence of God makes it of supreme value to all of us.

In his book the “Meaning of Prayer”, Harry Emerson Fosdick says that the value of prayer is not asking, but “it is the loftiest experience within the reach of any soul, communion with God”.

PRAYER: O God, help us through our communion with Thee to find the answers to our needs and anxieties. For the love of Jesus. Amen.

THOUGHT FOR THE DAY

God channels His power to us through prayer.
BUSH MEDICINE

For hundreds of years Bahamians have been using various plants to relieve or cure their bodily ills. The practice is widespread, especially with those who live on the Family Islands where professional medical care is often unattainable. Over one hundred local plants are in use and sixty of them have been identified and depicted in a book written eight years ago entitled Bush Medicine in the Bahamas. It is felt that many of the plants do have medicinal properties and the fact that they have been used for hundreds of years could prove their value in curing bodily ills. Our people certainly have faith in nature's cures, and even children are able to identify the plants, used by their parents to relieve their small bodies of pain.

Unfortunately the cost of testing plants for possible medicinal value is very high. In fact, it costs over a million dollars to bring a plant through the testing period, to the point where it is made into pill form for over-the-counter distribution. Therefore practically none of the plants, in use here, have ever been tested.

Ancient tribes, chewed the roots of the willow bark which contain salicylate to relieve pain, and this gave to the world Aspirin which contains salicylate as its pain killing property. Medicine men of South American Tribes used the barks of the Cinchona tree to ease fever. Today it is known as quinine. The Fox-glove plant produces digitalis, used for certain ills. Today digitalis effectively treats certain types of heart ailments. Our lovely Periwinkle Vinca contains properties that arrest cases of leukemia and today pills derived from this plant are sold to relieve the symptoms of old age. Aloe Vera is considered a miracle drug. Its "gel", used for burns of any kind, relieves symptoms promptly. It is also said to remove skin cancers. Bahamians have explicit faith in the efficiency of Bush Medicine and many years will pass before it ceases to be used in our islands. In fact medicine today tends to go backwards to embrace the old-fashioned cures of yester-year. Meanwhile we go steadily on our way minding what the good book has to tell us. "The Most High hath created medicines out of the earth and a wise man will not abhor them."

(Mrs. Leslie Higgs)

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PATIENTS CAN HELP THEMSELVES

The most distressing ordeal which a patient with a disabling neurological condition has to cope with is the feeling of isolation from the world around him.

Those who live with the symptoms of chronic disability are aware that those about them who are healthy, and do not have difficulties, look upon them as being strange and possibly undesirable.

What I am going to say is something which I believe intensely. I believe it because it has been taught to me by the many patients that I have been privileged to help over the years. I have been made aware of who and what they are by young men like John, who stated that his experience with dystonia had helped him to have a greater degree of determination, incentive and understanding of people and self. I have learned it from young women like Janet who could not walk but was willing to dance on her knees at her school prom, and I have learned it from Miriam who could not divest herself of the sensation of being “outside” even after she was restored to a condition that could be called physically normal.

They are members of a minority group who have physical as well as psychological problems. I honestly believe that they – the dystonic, the choreic, the multiple sclerotic, the spastic and the epileptic are beautiful people. They are imprisoned within themselves by muscles which will not respond, by seizures which are inflicted upon them and by thoughts that they cannot speak, but beautiful because they are courageous and have a special ability for endurance.

Let us follow the example of these beautiful people:

(1) Adopt a positive attitude – it will prove to be a bonus.
(2) Retain your self pride and independence.
(3) Deal with yourself and others truthfully and openly.
(4) Pay attention to your inner self and share it with those about you. It will reap a great reward.

JACQUELINE THOMPSON
Senior Staff Nurse.

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The Nurses Association congratulates the Ministry of Health and all those who contributed to this remarkable achievement.

The facilities provided at the new extension can only enhance the delivery of health care to the Community.

As nurses we will do all we can within the framework of our responsibility to continue to strive for excellence of service.
ANECDOTES

A doctor read the day nurse's brief report "PT C/O SOB MOST OF THE DAY". He wrote underneath: "PROBABLY IN CHF. PROGNOSIS? GOK" and then in parenthesis he jotted down: "IN CASE YOU'RE NOT UP ON THAT IT MEANS, GOD ONLY KNOWS."

One afternoon I picked up a very pleasant elderly lady in a wheelchair to take her for admission to a room in the Medical wing. As I nonchalantly wheeled her into the room, I saw to my dismay that a distinguished looking gentleman occupied the other bed. Somewhat embarrassed I started murring apologies and backing her out when she piped up in a firm voice "Not so fast, Nurse! I'm staying right here. I wouldn't miss this once-in-a-lifetime chance for anything!"

Nonetheless, we had to find her another room.

MEETINGS

The Nurses' Association meets every second Monday in the month, in the Physiotherapy Department at the Princess Margaret Hospital.

The Association needs your support, through your monthly dues and your attendance at meetings.

Let us work together, for UNITY IS STRENGTH.

We look forward to seeing you.

THE NURSES ASSOCIATION

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Continued from Page 5

that it is important for him to get back as quickly as possible to his home among family and friends.

* * *

The Role of Tutors and Instructors in preparing Nurses for Giving Quality Care to the Community" was the topic of the presentation by Mrs. Ruth Perez, President of the College of Professional Nursing of Puerto Rico. The paper was presented at the workshop on Nursing Education conducted especially for Nurse Educators.

"I often say that nursing is the only profession that really does a fine job of fiscalizing itself. No other profession expects to employ new graduates and expect expertise performance at once," she said. The responsibility of ensuring that the nurse is able to meet the demands of the community for nursing care must be shared by her employment agency, her nursing school and her professional organization.

Mrs. Perez discussed the role of the tutor today, teacher - student relationships, clinical teaching, and the environment of the clinical setting and cited the following as recommendations which have been made in an effort to bridge the gap between Nursing Service and Nursing Education — a never-ending problem.

1. Knowledge and awareness of the philosophy and objective of each area.
2. Nursing educators must be free to select the laboratories for the clinical experiences of the students from those available in the Community.
3. The use of Clinical facilities by the students must be carefully co-ordinated and planned by both groups.
4. Joint nursing practice committee should be established and students should be included.
5. Assist nursing service people in their continuing Education programs for their nursing staff.
6. Involvement of faculty and students in community health committees.

In conclusion she stated that "sharing" and "involvement" were the key words but, above all we must share "COMMITMENT" and meet the challenge that nursing today is.

Attending the conference was a stimulating and rewarding experience for all of the delegates.

The next conference will be held in the Co-operative Republic of Guyana in 1978.

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