

of the association. For these subscriptions, members are entitled to the services of the nurse free for themselves and their households in cases of illness (diphtheria, scarlet fever, small-pox, or typhus, or confinement cases excepted). The fees for confinement cases are 5s. for the labourers' and cottagers' wives, 10s. for the richer members; for non-subscribers double fees. This system is an insurance system on the lines of the Friendly Benefit Societies.

Of course the subscriptions never cover the whole expense. The deficiency has to be met by local efforts, grants from local charities, and doles from Friendly Societies, and from Boards of Guardians. The last Local Government Board returns show 113 Boards of Guardians as authorised to subscribe to local nursing associations.\* These grants range from £150, subscribed to a single Nursing Society, in one case, to £17 10s., divided in £2 10s. grants between seven District Nursing Associations in another. The sum total of these grants is £1,805 16s. I hope that pressure will be brought to bear on every Board of Guardians to grant this help to villages where their out-relief sick cases need careful nursing. The district nurse cannot take the place of the caretaker to these cases, but she can dress their wounds, wash them, and save them an immense amount of suffering and misery.

The area to be covered by the nurse is not easy to prescribe. With a bicycle four villages within two or three miles of each other, with a population each of three hundred, are quite manageable. Without a bicycle she would find two gave her sufficient walking to manage, though not enough cases to keep her hand in properly.

And now a few last words about the nurse herself. The most successful village district nurses have been drawn from the domestic servant or small tradesman class; and are women of thirty to forty-five years of age. An older woman gets knocked up by the great amount of walking necessitated by rural work. It answers best to have a woman belonging to the locality sent up to Plaistow or elsewhere for her training, in those villages where everybody who has had the misfortune to be born outside their boundaries is looked on with distrust and suspicion, and where it is considered a lapse into savagery for a native to marry a "furriner from the next village"; but in ordinary cases a stranger comes under great advantage. She has no enemies, no prejudices, no knowledge of gossip. She begins with a clean slate, on which no disagreeable accounts against anybody have ever been recorded.

In selecting a nurse avoid a gossiping tongue, a quarrelsome temper, a proselytising conscience, a forgetful memory, and a choser of favourites, as carefully as a liar, a pilferer, or a tippler. A

\* There are, I believe, other subscribing Boards of Guardians not given in these returns.

quiet, devoted, tactful woman will soon make friends and gain the confidence of the members. If she becomes popular, there is real danger of her being overworked; and one of the hardest tasks of her superintending lady will be the prevention of overstrain, and the keeping a careful watch over the nurse's own health and strength. If a nurse does not get on in her district, it is better to part with her. If the district belongs to the County Nursing Federation, it is nearly always possible to arrange for her to be moved to another district, and for a substitute to be installed in her place. It is as impossible to force an unpopular nurse as an unpopular Member of Parliament, on a dissentient community.

In this, as in every other philanthropic attempt which we make to help our neighbours, success must depend on their approving, accepting, aiding and abetting it. Like a wise schoolmaster who used always to set his new boys, for the subject of an essay: "State your likes and dislikes of your present life at School," and who acted on the hints conveyed to him through this medium,—we should welcome, not resent, the expression of the public opinion of the village about this modern experiment of setting down a trained maternity nurse in its midst. We can only hope to influence that opinion wisely if we keep our ears open to hear it. We can modify and change arrangements which prove unacceptable; and so, by showing ourselves amenable to reason, set an example which will, in all probability, prove contagious.

#### THE WORK OF MIDWIVES AND MATERNITY NURSES.

MISS KATHERINE TWINING, of the Plaistow Nursing Institute, read a paper dealing more especially with the work of midwives and maternity nurses. She explained how the Registration Bill for Midwives, introduced last year failed to become law, chiefly owing to the opposition of the medical profession. The objections raised were: 1st.—The difficulty of removing untrained midwives without compensation. 2nd.—That registration would lead to more careful training and higher charges than hitherto, thus causing a hardship to the poor. 3rd.—That it might lead to the registered midwives prescribing without the knowledge of a qualified doctor. She pleaded for better and longer training for midwives. Three months was much too short. A great deal of ignorance and superstition had to be met, and could only be removed by years of patient effort and infinite tact. Since 1870, 2,062 candidates had presented themselves for examination in midwifery, with the result that the status had been definitely raised, training schools and hospitals had been stimulated, and, best of all, the much needed distinction had been established for the poor between midwives who have some knowledge and women who are self-taught by a dangerous practical experience.

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