

Nurse Farms and Nurse Frauds will continue to exist until medical men and the public realise the importance of nurses being subjected to a definite educational curriculum, preparatory to Registration and control by a State appointed Body.

PRIVATE HOSPITALS.

Private Hospitals for paying patients have largely increased of recent years. They vary very much in their organization and management. A limited number are efficiently conducted and officered by trained nurses, but too often these Home Hospitals are controlled by unprofessional persons, and, in consequence, women with little or no training are employed as nurses. Further the average house, by reason for its many stories, is most unsuitable for the purpose. It is desirable that in the future some municipal control should be exercised over Home Hospitals, and that they should be built for the purpose on hygienic principles and licensed and inspected.

NURSING IN POOR LAW INFIRMARIES.

This sketch of nursing in Great Britain would not be complete without reference to nursing the sick in Poor Law Infirmaries, where provision for the indigent sick, other than those received in hospitals, is made by the ratepayers. The nursing in these institutions is still a very uncertain quantity. In some instances magnificent hospitals, with a training school attached, are organised separately from the workhouse; but, again, the pauper sick may have no other provision than the most primitive wards attached to the workhouse where the system of nursing is entirely obsolete.

The Workhouse Infirmary Nursing Association has, during the last twenty years, done much to arouse the conscience of the community on the necessity for the efficient nursing of the indigent class. I am of opinion that no adequate reform is possible until a Nursing Department has been inaugurated at the Local Government Board.

MENTAL NURSING.

To no very great extent have the asylums for the insane been utilized to the best advantage for the training of mental nurses. The system at present largely employed being to educate attendants rather than highly skilled mental nurses.

I would here emphasise the principle that a general training is necessary before it is possible properly to profit by a special one, and that it is impossible to produce the most efficient type of nurse except by clinical and practical experience, which is not available for those trained in asylums for the insane. General prin-

ciples absorbed from text books are of very little practical value. An impetus, however, to better education for asylum attendants has been given by the Medico-Psychological Society, which has instituted a rudimentary examination for male and female asylum attendants, and the fact that some of the more progressive asylum managers are appointing trained nurses to the positions of Matrons and Sisters of Wards points to the conclusion that they realize the necessity of providing more highly skilled nursing for the care of the insane.

THE MIDWIFE QUESTION.

Some reference is necessary to the Midwife Question, inasmuch as it affects the interests of trained nurses. There are in Great Britain and Ireland a large number of women who practice midwifery after a few months' special training, and who seek to obtain legal status by Registration.

Professional opinion on this question is divided. Some medical practitioners and trained nurses hold that the training given is insufficient, and that it is a fundamental error to give legal status to specialists. Others believe that in the interests of the poor such legislation is desirable.

It must be noted that when midwives began to ask for registration the Medical Act of 1886, including midwifery in the curriculum of the registered medical practitioner, had not been passed, and the education of trained nurses was in its infancy. At the present day we have medical practitioners, qualified in midwifery, of both sexes, and a large body of trained nurses. It appears to me that the practice of midwifery falls naturally into the hands of the registered medical practitioner, and the trained nurse, holding an obstetric qualification, who works under medical direction, and that, at our present stage of evolution, it would be a mistake to legislate for midwives as such. I may add that the legislation proposed for the regulation of midwives, by medical practitioners, has been of so penal a nature that it would be dangerous to the liberty of the subject. I may point out to Superintendents of Training Schools the importance of including education in obstetric nursing in the Training School curriculum, for we cannot, as nurses, take exception to the specialist midwife if we do not provide in her stead a better qualified woman.

SOCIETIES OF NURSES.

There are in Great Britain a limited number of Societies of Nurses, founded for professional, as apart from commercial and philanthropic purposes. Of these must be mentioned

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