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THE ORIGIN, GROWTH, AND PRESENT STATUS
OF DISTRICT NURSING IN ENGLAND.

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The question of providing nurses for the scattered villages and hamlets in thinly populated areas where work is intermittent and distances great is a difficult one.

This special branch of district nursing is as yet in its very infancy, and much has to be done in the future to find a practical and satisfactory way of working the rural districts.

The system of county association is an effort to meet the special difficulties in these districts. Trustworthy, responsible women are selected for training, especially as midwives and maternity nurses, and return to work in their own neighbourhood under the supervision of superintendents who are fully qualified Queen's Nurses. Valuable help in the training of these village nurses is given by the Plaistow "Maternity and District Nursing Association," whose work lies in the densely populated region of "London over the border."

There are now five of these County Associations in England, employing over 110 village nurses, three in Scotland, and one in Wales.

The history of the growth of district nursing would be incomplete without mentioning the work done by other institutions whose methods are different to those of the Queen's Institute. Among these are the "Biblewomen Nurses," founded by Mr. Ranyard, whose work lies in several districts of London.

The Mildmay deaconesses also send nurses into the homes of the poor.

In the country the system of the Ockley Nursing Association was formed to provide women with some knowledge of nursing to live in the home where there is illness, and perform the household duties as well as attend to the patient. The promoters claim this method answers the question of cottage nursing, especially in cases where the wife and mother is laid aside, but it has opened up other difficulties, some of them unforeseen, which show the true solution of this problem has yet to be found.

I now pass on to speak of the present status of district nursing.

It is interesting to notice how the standard of training has risen with the growth of the work. much still remains to be done in this direction, especially in the case of village nurses, but every

year finds public opinion more enlightened on this point.

The great difficulty lies in the necessity of providing inexpensive nurses in poor districts in the country, especially in agricultural parts, and also in the ignorance still lingering among those who supply the nurses that good and sufficient training is a necessity.

When a patient and room are clean and tidy, and food and medicine regularly administered, there is a tendency to think all that is necessary has been accomplished.

It requires special knowledge to discriminate, on the one hand, between the woman who is disciplined to absolute obedience in carrying out orders, who is trained in the best possible way of performing the details of nursing service, each apparently trivial, yet so important in their sum total, and the woman who, however capable and willing, yet lacks the knowledge that in unreserved obedience to orders lies her *raison d'être*, who is prone to suggest remedies of her own, and is full of prejudices and superstitions which her short experience of training has failed to eradicate.

The Queen's Institute has formulated the highest standard of training and experience hitherto attained. Its nurses must have a *minimum* of two years' training in an approved hospital or infirmary, followed by practical experience of district work under trained supervision. In many cases special training in a maternity hospital is also required. Nurses who wish to join the Institute, having already been trained, are required to fulfil these conditions.

The Institute aims at securing the services of educated women, believing them to exercise a beneficial influence over the patients and their friends. Tact, courtesy, and refinement are necessary to deal successfully with the ignorance and prejudices of the poor, whether in town or country.

I would lay special stress on the necessity of some practical experience of the work under trained supervision. It is not to supplement deficiencies in previous training, but to enable the nurse to apply her nursing knowledge to the best possible advantage under such altered conditions. She is saved the necessity of buying her own experience at the expense of her patients and herself if she profits by that already gained by others. Training is found desirable for those who engage in philanthropic works, such as settlements, etc., and it is equally necessary in this branch of nursing.

The Queen's Institute has added yet another development to its "Counsels of Perfection" by its adequate system of inspection by trained nurses. There is no suspicion of interference with local effort, no curtailing of personal energy, but simply a regular visitation of every affiliated

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