

Matrons and nurses of hospitals, as well as the medical officers, sometimes find that the time fixed for their attendance at an inquest does not fit in with their other engagements, and that substitutes have to be employed during their temporary absence. With the hint given by the coroner, let us hope that in the future there will be no necessity to send three policemen to fetch the reluctant Matron to the inquest. She must obey the mandate, and no appeal to the hospital authorities will exempt her from that duty. On the other hand, we have noticed that some coroners (on the score of economy, so we are told) have failed to summon the medical attendant to give evidence, receiving instead the opinions of nurses and policemen as to the cause of death, and that on such irresponsible statements verdicts have been returned. These deaths might, indeed, be not inappropriately registered as 'uncertified' in the same way that deaths are when no certificate of the cause signed by a registered medical man has been received. We are further of opinion that at every inquest the last medical man in attendance on the deceased, or the one called in after death, should be summoned to give evidence, and then the jury would have before them a skilled expert medical witness, enabling them to return a correct verdict as to the cause of death. If this practice were pursued by all coroners, we do not think they would so frequently require to call Matrons and nurses away from their hospital duties."

The Committee of the Sheffield Nurses' Home and Training Institution, 334, Glossop Road, state in their Annual Report that during the year they have appointed a skilled chiropodist, manicurist, and facial masseuse, who has received a special training for general massage, to attend patients, either at their own homes or at the institution. The number of her engagements is steadily increasing, and the institution, in its new departure, is supplying a long-felt want. What is the opinion of nurses as to this latest development in connection with a home for nurses?

At a meeting at Tarland, Aberdeen, convened under the auspices of the Scottish Mothers' Union, Dr. Alfred Worcester, of Harvard University, U.S.A., gave an address on "District Visiting Nursing," particularly in reference to the establishing of a district nurse for the Tarland District, and said it was impossible to find words in which to convey to those assembled his idea of the importance of district nursing. To some of them it might seem a novel plan, but it was not—it was as old as the Christian dispensation. He then gave a short historical sketch of the development of district nursing from the earliest times down through the Christian era to the present day. After dealing with the progress of the movement in various countries, he pointed out that there was an institu-

tion of such a kind of nursing established by Queen Maud, wife of King Stephen, in the middle of the twelfth century. That institution was amplified still further by Queen Helena, wife of Edward IV., also by Queen Phillipa, wife of Edward III., and further on by Queen Victoria, the mother, and now it was fostered by Queen Alexandra, wife of Edward VII. They had every reason in this island to believe that district nursing was part of the very life-blood of the nation. It had long been considered a necessity, and never more generally so than to-day.

In former times it was left to the neighbour to look after the helpless neighbour, and there was something that neighbours could do for each other. But there had been a change. Through the development of medical science, nursing made such demands upon the intelligence, skill, and experience of those who performed it that a neighbour, no matter how willing, was really unable to do anything. The old night watcher had disappeared, and knew that he was not able to stand by the bedside of his suffering friend and neighbour because he did not know enough to do it. It was sometimes said that there was this danger under the new system—that through losing the opportunity to bring their best impulses into effect the kindly, neighbourly spirit which they had inherited would disappear from the face of the earth, and that the community would become hard-hearted because the neighbourly obligations were being vicariously performed. This might be so if the community were not called upon to make some sacrifice for the support of those district visiting nurses. The community should make the nurse feel that she was doing their work, and when she felt that she could do good work. He had heard of cases where the district nursing scheme did not work, but he ventured to say that in those cases the fault was not of the visiting nurses, but of the people of the community who were really responsible for seeing it carried out.

He could tell them of many instances where kindly efforts had miscarried for lack of knowledge. He thought it was pretty hard on the sick and helpless that they had to do with much of the neighbourly nursing that was kindly volunteered. There were several theoretical dangers in a scheme for district nursing that had to receive attention. There was the danger sometimes spoken about of the presence of those nurses interfering with the work of the medical men, but that danger had no sort of foundation. There was also the danger arising in connection with this point—that there were many self-respecting people who would take assistance from a neighbour but would not do so from a paid agent in the community. Certainly if the nurse were to be paid nothing by the people to whom she gave her services it might really seem to be pauperising

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