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## Editorial.

### EFFICIENT NURSES IN REMOTE DISTRICTS.

The Report of the Vice-Regal Commission on Poor Law Reform in Ireland, to which we allude at length in another column, directs attention to two very important points in connection with the organisation of nursing. The Commissioners express the opinion that it is essential "a nurse of the first rank should be sent to remote places," and that such a nurse should be also trained as a midwife "this plurality of qualifications in one person seems to be the proper and economical method of arranging for District Nursing even though there are sometimes occasions when a nurse would be disqualified from attending a maternity case owing to the septic character of another case that she might be in attendance upon." Another point emphasised by the Commissioners is that, "apart from the actual good the nurses do the patients under the direction of the Dispensing Doctor, they are most useful advocates for sanitary conditions in the houses and surroundings of those with whom they come in contact."

This pronouncement is the more satisfactory when there is a real danger in Great Britain of the nursing of the poor in rural districts being handed over, in many instances, to women of small educational attainments with the merest smattering of nursing knowledge, and this under the patronage of members of the aristocracy who, if ill themselves, would at once secure the services of competent nurses. It is asserted that fully trained nurses are not content to work in the rural districts but in refutation of this theory it is only necessary to point to the excellent work of thoroughly trained nurses in the highlands of Scotland and the remote districts of Ireland, as well as in many country districts of England.

The real truth is that philanthropic committees too often consider it quite sufficient to offer to nurses the pay of an inadequately paid day labourer—13s. to 15s. a week—they are surprised and somewhat indignant that a refined and competent nurse should consider herself entitled to the salary of a skilled worker, and they therefore jump to the conclusion that trained nurses will not work in rural districts when the real point at issue is sweated labour.

The point raised as to the same woman being a nurse and a midwife is also a most important one. We have always considered that the organisation of maternity nursing should be by means of the thoroughly trained medical, surgical, and obstetric nurse, and for this reason we were averse to legislation for midwives only. But the Midwives' Act has now become law, and the Central Midwives' Board is doing good work in establishing standards of education and efficient tests, as well as in maintaining discipline in the ranks of the certified midwives. When an Act for the Registration of Trained Nurses is passed the same thing will take place in regard to trained nurses, and as eventually obstetric nursing will certainly be included in the curriculum of a trained nurse, and as midwives come to realise their need of a knowledge of general nursing, the work of the two boards will converge and in a generation or so will probably be amalgamated.

With regard to a nurse undertaking general and maternity nursing at the same time, the arrangement cannot be regarded as ideal. But, if only the one person is available, then maternity cases are certainly safer in the hands of a skilled and conscientious woman, well grounded in aseptic principles, than in those of an ignorant old time midwife; and the use of the rubber glove has made the combination of general and maternity nursing far safer than was possible under former conditions.

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