

THE NURSING SERVICES.

Early in the year Miss Sidney Browne, Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service, retired from office. She was succeeded by Miss C. H. Kerr, an experienced Army Sister, who received her training at the City Hospital, Boston, U.S.A.

In February of this year a new Army Order was promulgated providing that Sisters of Queen Alexandra's Imperial Military Nursing Service will not be promoted to the rank of Matron until they have passed an examination. This examination may be taken at the completion of five years in the rank of Sister, and is conducted by a principal Matron as President and two Military Matrons as members.

Miss Isla Stewart, Matron of St. Bartholomew's Hospital and President of the Matrons' Council, has been appointed a member of the Nursing Board of the Military Nursing Service. Miss Stewart was most active before the re-organisation of the Service in endeavouring to place before the Secretary of State for War the need for Army Nursing Reform, and her appointment has given great satisfaction to those acquainted with her work in this connection.

The headquarters of the Service are now removed from the old and inconvenient houses in Victoria Street to the new War Office in Whitehall.

Up to the present time Queen Alexandra's Naval Nursing Service has not the advantage of either a Nursing Board, or a Matron-in-Chief responsible for the good government of her department.

PRIVATE NURSING.

Nursing in private families is undertaken by three different classes of nurses. (1) Those who belong to co-operations who receive their own earnings less a small percentage (usually $7\frac{1}{2}$ per cent) for office expenses, (2) those who work under a committee receiving a salary, and (3) those who are unattached to any Society. The second case is open to considerable objections, as the committees and owners of some institutions consider it legitimate to pay the nurses a salary which admits of their making a large profit. In the case of public institutions this goes into the coffers of the institution, in the case of the private speculator into his own pocket. In either instance it is equally unjust to the nurse, who, moreover, is never credited with the substantial sums she presents to the institutions concerned.

An increasing danger to the independent nurse in the Metropolis is that of undercutting by nurses sent out from hospitals, whose Nurses' Homes are built by the charitable public. It is a phase of competition which

will require very careful watching, or the nurse who works independently may find that her work is being taken from her by unjust competition.

DISTRICT NURSING.

District nursing amongst the poor continues to be organised mainly by the Queen Victoria's Jubilee Institute for Nurses, but there is in some quarters a decided tendency to depreciate the value of skilled nursing for the poor, and to employ a type of woman who, although she may be a useful attendant, is certainly not a trained nurse. It cannot be too strongly insisted that if the well-to-do undertake to provide trained nurses for the poor such nurses should be fully competent.

The Countess of Dudley who has done excellent work in providing nurses for the poorest districts in Ireland, has set an example which might well be followed by engaging only fully-trained nurses, and the work they have done is highly commended by the Vice-Régal Commission which recently presented a very full report on the Poor Law Question in Ireland.

THE ASYLUM WORLD.

The Conference on Mental Nursing held under the auspices of the Provisional Committee of the National Council of Nurses showed that there is a decided feeling as to the desirability for the hospitalisation of asylum methods, while hospital nurses are learning to appreciate the value of some experience in mental nursing.

THE CENTRAL MIDWIVES' BOARD.

The Central Midwives' Board has devoted considerable time during the past year to the revision of its rules. The present rules have however been extended by the Privy Council for a further period. The point at issue between the Board and Privy Council is whether midwives working in Poor Law Institutions under the control of the Local Government Board shall be exempt from the control of the Midwives' Board, thus creating a second standard of training, or whether these midwives shall be required to conform to what is the law of the land in the case of all others. There is no question that the adoption of the latter course would be in the public interest.

THE IRISH NURSES' ASSOCIATION.

The Irish Nurses' Association is notable for its energy and professional tone, also for the serious way in which it fulfils its public obligations. We heartily congratulate its present and past Presidents, as well as the members, on the force for good which it exerts in the nursing world.

NURSING LITERATURE.

The BRITISH JOURNAL OF NURSING continues to be the only weekly organ in this country

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