

would otherwise attend, the highly trained nurse, as far as my knowledge extends, does some of the less critical work which the doctor would do were he available.

But in rural districts of an intermediate character, where the doctors are able to attend fully to all patients, the conditions are entirely different. In such districts nurses are not required to undertake any work which belongs to the doctors' province, and their nursing should be done entirely under the orders of the doctor and not independently of him. Such nurses' work will be of double value if they are able to do for the poor the nursing which highly trained resident nurses do for the rich, and which "visiting" nurses obviously cannot do, namely, give continuous attention to their patients. This continuous nursing can only be given when a nurse lives in the home of her patient. The nurses trained for a short period do this, and in addition they help where necessary in domestic work, especially when the patient is the mother of the family. This is most invaluable in the houses of those who cannot afford to keep a servant, and have no neighbours who can assist them. What highly trained nurse would live in these cottages and do this work? And are people to be deprived of all nursing because they cannot afford to pay for a highly trained nurse?

So much for the general question. Perhaps as President of a Nursing Association working on the Holt-Ockley system, employing 20 nurses, many of whom were trained at the Govan Home, I may be allowed to say a few words on my own experience.

This Association works all over the rural districts of the county of East Lothian, under the superintendence of a lady who has had a full hospital training. The nurses work under all the doctors in the county. We have always had the most pleasant and cordial relations with the doctors, and they constantly recommend their patients to employ the nurses—the best proof that they value their nursing services. The nurses are not allowed to undertake maternity cases without a doctor being engaged, whether they have the L.O.S. and C.M.B. certificates or not; and, with all other patients, they work under, and have to obey the orders of, the doctor attending the case.

Dr. Forbes Brown states in his letter that "When these partially trained nurses are sent to their country district they are sent as 'certificated' nurses." This is absolutely untrue as regards the East Lothian Association. Further on in the same paragraph he seems to write under the impression that the cottage nurses only pay visits and that therefore it is absurd to suppose that it is "possible for them to find time to do any appreciable amount of such work" (i.e., domestic duties) "in their patients' houses." He is perfectly right that if only short daily visits were paid, they could not do domestic work. But the cottage nurses live in the cottages often for weeks at a time, and so do help in the domestic work as well as doing continuous nursing. This

is one of the great merits of the Holt-Ockley system compared with any other.

Those who have not any knowledge of the nursing done by nurses who have only had a short training, often object to the term "nurses" being applied them. I am the last person to wish that no distinction should be made between the different types of nurses: but I think it would be most unfair and untrue to refuse the name of Nurse to women who spend so much of the best years of their lives in real and valuable nursing work.

I am, Madam,

Yours faithfully,

ALICE BALFOUR,

President of the East Lothian Benefit  
Nursing Association.

Whittingehame, Prestonkirk.

To the Editor of the "British Journal of Nursing."

MADAM,—Will you kindly allow me space to reply to the letter signed "J. B. Cumming," which appears in your issue of September 14th?

Your correspondent asks, firstly, whether the nurse from the Govan Training School who is employed in this district, is certificated?

To this question the answer is that the nurse holds the certificate of the Glasgow Maternity Hospital, and the certificate of the Central Midwives' Board.

The second enquiry is as follows: "When the cottage nurse attends an accouchement in the capacity of midwife, at the request of a doctor, are we to understand that the doctor is present and supervising the midwife, or does the nurse perform the duties of midwife at the request of a doctor in his absence?"

In reply, I have to say that in no case does the nurse act as midwife, except by request of the doctor, and in his unavoidable absence.

There has never been any friction between the doctors and the nurse. The latter seeks to cooperate, but not to compete, with the former.

I should have explained in my former letter that the nurse referred to is employed in a large country district of Clackmannanshire, and not in the town of Alloa.

I am, Madam, yours truly,

KATHERINE BALFOUR OF BURLEIGH.

Kennet, Alloa.

#### RICH AND POOR EQUAL IN SICKNESS.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—No one wishes the poor to be deprived of help in time of sickness, but what just-minded persons do claim is, (1) that the State should do for the sick, with regard to its nurses, just what it has done in relation to its medical attendants and chemists; that is define a minimum standard of knowledge and efficiency and test it. (2) By which means no person should be prohibited from nursing or attending the sick, but that the sick, rich and poor, should know what quality of nursing they were receiving and paying for. This system works very well in some of our Colonies, and in the most enlightened

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