

Council urges upon the Home Secretary the imperative necessity for the introduction by the Government next Session of a Bill providing for the State Registration of Trained Nurses, to protect the sick public from exploitation by unscrupulous criminals acting as trained nurses."

PAPERS.

THE EQUALITY OF RICH AND POOR IN SICKNESS: THE RELATION OF COTTAGE NURSES TO THE NURSING PROFESSION.

BY MISS E. A. STEVENSON,
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Benefit Association.*

As Miss Stevenson was unfortunately unable to be present, her paper was read by the Hon. Secretary. The points made by Miss Stevenson were:

There is nothing new in the doctrine of Equality of Rich and Poor in Sickness. It is not a development of modern socialism: it is a plant, the seed of which has germinated slowly, and taken fully a century to grow and put forth branches.

The chief reasons why the poor ought to have equal advantages with the rich so far as nursing is concerned are:

- (a) Rich and Poor alike are liable to sickness.
- (b) Sickness is to a great extent entirely beyond the power of the individual to avert.
- (c) The ravages of sickness among the poor and working classes are disastrous to our prosperity as a nation.

The war which disease is waging and the loss of life is greater than that which a bloody war entails. Both manufacturing and rural districts are visited by sickness, thus in the mountainous county of Sutherland in 1900 one in every three deaths between the ages of 15 and 60 was due to consumption.

With all our nursing organisation, medical men tell us that much of their work is rendered valueless by insufficient and inefficient nursing. In the face of this we may well ask ourselves, "Are the poor being fairly dealt with?"

Sometimes it seems as if the provision of trained nurses for rural districts were becoming too much the hobby of those whose aims are good, but who possess no expert knowledge to guide them.

More good would be done by supplying nurses to needy cases from a central home as required, than by keeping a parish nurse idle for months in the year.

The housing question is a difficult one, and one on which the poor are very sensitive. If they cannot give a nurse common comforts they will suffer rather than ask her to share discomfort.

A district nurse cannot be too well trained because she is much left to herself. She should be cultured because such a nurse treats the poor with respect, which they are quick to recognise.

The relation of cottage nurses to the nursing profession is at present extremely unsatisfactory.

Cottage Nursing Associations could in time raise their standards, but this does not appear to be the path which the promoters of these associations are likely to follow. Instead of seeing standards raised, we see them lowered.

The position of the Cottage Nurse is unsatisfactory and unfair. While the standards of trained nursing have been set by the profession, the standards of cottage nursing have been set by non-professional persons who neither understand the position and work of a nurse nor the circumstances and conditions under which poor people live.

It is neither with cottage nurses nor with the class to which they belong that the nursing profession has to find fault. It is the system under which they are trained and worked that demands the attention, and, to a certain degree, requires the censure of the nursing profession.

DISCUSSION.

In the discussion which followed several of those present took part.

One lady said that a Nursing Association with which she was connected had tried, and deliberately rejected the Holt Ockley system; it needed so many nurses, as a nurse who lived in the house could only care for one case at a time.

Mrs. Bedford Fenwick said that the chief point made by Miss Stevenson was that when trained nurses set standards they made the period of training three years. When philanthropists, male and female, set them for the poor they thought six to nine months sufficient. District nursing was at present in a condition of evolution. The Queen Victoria's Jubilee Institute had made continuous progress, beginning with one year's experience and now requiring three. A weak spot in the constitution of the Council was the omission of expert nursing opinion. Superintendents of training schools were not represented on it. The Cottage Nurse was cheaper than the fully trained one. That was the real reason why she was employed. There was nothing in the work of a Cottage Nurse which could not be done much better by a thoroughly trained nurse. The use of the term nurse was a misnomer. The majority of Cottage Nurses were midwives, with a little knowledge of nursing. They should work under their own title. Those in the nursing profession who had clung tenaciously to efficiency deprecated the flooding of the country with half-trained women, who passed into the ranks of trained nurses through the private nursing door—a door which was very wide set. A large amount of the opposition to State Registration of Trained Nurses came from the lay committees of nursing associations with inefficient standards. It was a wrong thing that well trained nurses should have to wait for the organisation of their profession for this reason. There should be a minimum standard established.

Miss Stewart said there was little doubt that this in any reasonable person's mind. In hospitals the work of highly skilled nurses was constantly supervised by the medical staff. In district work a nurse went out alone. No person had sufficient

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