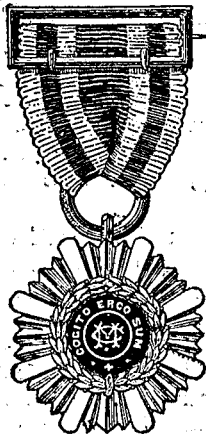


The Matrons' Council.

AN ADDRESS ON COUNTY ASSOCIATIONS.

By Miss AMY HUGHES.



In addressing the Matrons' Council recently on the subject of County Nursing Associations, Miss Amy Hughes gave an introductory sketch of the work of Queen Victoria's Jubilee Institute (incorporated by Royal Charter in 1889), and of the conditions which led to the formation of County Associations. These Associations, Miss Hughes explained, came into existence primarily to meet the needs of scattered rural districts when neither work nor funds are available

to justify the engagement of Queen's Nurses. In order to raise and maintain the efficiency of nursing throughout a county it is necessary to have two objects in view.

I. To organise and affiliate local nursing Associations and assist them to obtain:—

(a) *Queen's Nurses*—i.e., Nurses with full hospital, district, and maternity training, and, where necessary, certified as midwives under the Midwives' Act.

(b) *Village Nurses*—i.e., Nurses with preferably twelve, but in no case less than six months' district and maternity training, in an accredited Training-School, certified as midwives under the Midwives' Act.

II. To provide expert supervision of all affiliated Associations by a Queen's Nurse, the County Superintendent.

It is estimated an annual income of £350 to £400 is necessary in a County to train women as village nurses, to give additional midwifery and district training to certificated hospital nurses to qualify them as Queen's Nurses, to maintain the County Superintendent, to meet the expenses of travelling, postage and printing, and to have at least one nurse in reserve for emergency and holiday duty.

The Queen's Institute gives an annual grant of £50 towards the salary of the County Superintendent if the work of the Association is up to their standard. The County Committee should be able to give grants to enable poor districts to start nurses. In many counties the Technical Education Committee of the County Councils grant nursing scholarships for the training of local women in midwifery and district work.

Local associations, whether employing Queen's or village nurses, are formed on much the same lines. Various meetings are held, and the question

fully discussed, meetings at which it is most necessary that medical men should be represented.

Then a public meeting is summoned and the working of the Association explained, the advantages of affiliation with the County Association, and the training and duties of the proposed nurse. The great question is, of course, to raise funds. A Queen's Nurse costs a district from £80 to £100.

Although Queen's Nurses are found everywhere in lonely country districts in Ireland, Scotland, Wales, and all over England, miles from towns or stations, doing faithful work, and, as was said at a recent public meeting at Gloucester, making themselves a recognised power for good in their neighbourhood, still there are places where it seems impossible to support them. First of all, there is not the work to satisfy a keen nurse. After all, if a woman loves her vocation, it is trying to have no means of enlarging her experience, and, indeed, to become rusty in what she already knows. There is not, as a rule, the same amount of constant acute work in country places as in towns. The people lead out-of-door lives, and thus counterbalance the dangers of the overcrowding. (Miss Hughes here gave instances of the terrible overcrowding in many rural districts). . . .

Maternity nursing (midwifery or monthly) is the work of rural districts, and unless the nurse is genuinely fond of this branch, she loses interest in her district as a whole. I do not blame this frame of mind, but I do feel very strongly that many nurses fail in this particular part of their work, because they have not been educated in their duties as citizens as well as nurses. It broadens their sympathy and makes them agents for good in a wider sphere, if they have been told to look upon sanitary and thrift problems as part of their *métier*. If a nurse throws her influence and interest into the social side of village life, her power for good is enormous. . . .

I have often been told that money can be raised to support a fully-trained nurse, and that people accept village nurses because they are cheaper. Such is the futility of human nature that cheapness, even in a nurse, appeals to many. But in the *real* rural districts there is no one beyond the squire, the parson, and a farmer or two to bear expense.

(Miss Hughes here described what is known as the Holt-Ockley system, under which women of the cottage class, with three or four months' training in monthly work, are sent into the homes of the poor as resident nurses. The nurse lives with the patient, sleeping and eating with the family, does the cooking and housework, and looks after the children, so that nursing takes a secondary place.)

Village nurses work on ordinary district lines. They *visit* their cases and only remain when the case is urgent. . . . They do not undertake the house work, except in very special circumstances. . . . Village nurses are usually chosen from the

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