

Education in the direction of the supervision of the health of school children, on the lines adopted some time ago in London.

Representatives of 107 local authorities in the West Riding of Yorkshire—eleven of them non-county boroughs, seventy-nine of them urban districts, and seventeen of them rural districts—met at Wakefield on July 6th on the invitation of the West Riding County Council, to discuss means of co-operation for the ready transfer of nurses to and from hospitals in case of epidemics and other emergencies. The idea is that hospital authorities should create a bureau or exchange under which nurses employed in infectious diseases hospitals can be readily transferred from one institution where they are not needed for the time being to another where they are.

A year ago a memorandum was presented to the West Riding Sanitary Committee by their Medical Officer of Health (Dr. J. R. Kaye), in which it was shown that there were in the administrative county thirty-eight permanent hospitals for isolating infectious diseases as well as about fifty for small-pox patients. The total accommodation is equal to about 2,000 beds, and, taking the nursing staff at one to six beds, their numbers are about 300. The salaries paid vary from £12 to £35, so that the total annual salaries, excluding matrons, is nearly £6,000. Under the present system, when an unusual number of admissions occur at a particular hospital, special nurses are obtained (sometimes with difficulty) at enhanced salaries of two or three guineas per week, while at other hospitals a decrease of patients causes the nurses to be temporarily in excess of the requirements.

In these circumstances it is suggested that there is room for a co-operative system among the hospitals for the interchange or transfer of nurses as fluctuations occur. This would, it is contended, tend to efficiency and economy, besides reducing the liability of the nurses to be seriously overworked—*e.g.* (1) A hospital committee, when slightly short-handed, would not hesitate to borrow a nurse, whereas they might hesitate to make a new appointment. (2) In times of local epidemic the nurses coming from other hospitals would not require the enhanced pay of trained nurses engaged in emergencies. (3) In slack times the salary list could generally be reduced by suitable transferences.

Dr. Kaye's aim is not to encourage hospitals to be kept understaffed, but rather to maintain them at a normal level according to a definite scale. In slack times this expenditure would be reduced by transferring nurses, and the saving thus effected would be available in times of local epidemic for extra staff obtained temporarily, and at standard

rates, under the conditions of the scheme. In the case of a widespread demand for extra nurses, which could not be supplied from within the combination, the central bureau (which would have to be set up and through which all transferences should be negotiated) might have a standing agreement on special terms with some nurses' organisations, or there might be established a general register of disengaged nurses.

Alderman H. Dunn, chairman of the Sanitary Committee, presided over the conference, and after Dr. Kaye had briefly outlined his scheme, the following resolution was adopted, with four dissentients:—"That in the opinion of the sanitary authorities here represented much benefit will accrue to the public by co-operation between hospital authorities for the ready transfer of nurses to and from hospitals in case of epidemics or other emergencies."

Then came a discussion of ways and means of giving effect to the resolution. A committee was at once suggested, and in the end one consisting of fifteen members was appointed to consider the details of a scheme, and report to a future conference. This committee will have the advice of the chairman of the conference (Alderman Dunn), the West Riding Medical Officer of Health (Dr. Kaye), and the West Riding Solicitor (Mr. Trevor Edwards). No doubt this Committee will consult with the Matrons and nurses who staff the institutions concerned; indeed, we think some of the Matrons should be invited to join the committee.

Lady Victoria Campbell, Vice-President of the Argyllshire Nursing Association, thinks it may interest many who are interested in the question of trained sick nursing in Scotland regarding the nursing of outlying districts, and who are eagerly watching the progress of events on this question, to know that at least in two Highland districts the Parish Councils have hit upon a happy method, and one which has called forth the heartiest commendation from the Argyllshire Poor Law Commissioner. In these districts the Queen's nurse makes it her business to visit regularly the bedridden "outdoor" relief sick, where she finds a constant attendant necessary. She reports this to the parish inspectors, if, indeed, they have not been the first to discover the need, and have asked the "trained" nurse to call. These "attendants," formerly called "nurses," though perhaps nearly as much past work as the patients, take their directions from the nurse, especially as to preventive work and to give all day attendance.

In view of the reciprocal benefit, the funds have been augmented by the Parish Councils subsidy. Lady Victoria adds:—"I only wish more Parish Councils would take up the cause wherever they can,"

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