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## Editorial.

### THE NURSING OF BACK BLOCK SETTLERS.

The value of the work of trained nurses in all directions, and the demand for their services, is increasingly evident. A striking instance of this is furnished by Dr. Valintine, Inspector General of Hospitals and Charitable Institutions in New Zealand, who, in outlining his ideal of a hospital and charitable aid system for that Colony, to a conference of hospital authorities, laid special stress on the necessity for providing district nurses in the "back blocks."

For the organisation of efficient provision of hospital and nursing care for the community, he considers it essential that there should be first-class base hospitals, combined with a system of district nursing, which would supply the connecting link between the base hospital and the back block. Dr. Valintine stated that the establishment in the remote country districts of a nursing system would be a great boon to those people who had to face the hardships and discomforts of back-block life. In this matter he did not speak from hearsay. He had seen women so cut off by distance and bad roads that they had not seen one of their own sex from year's end to year's end. If Boards established district nurses in the back blocks they would benefit a class of people who were all the more worthy of consideration because one hardly ever heard them complain. Fortunately, there were few districts unconnected with the telephone, and in the event of illness the district nurse could ring up the nearest doctor, describe the symptoms, temperature, etc., of the patient, and give indications whether or not it would be necessary for him to pay a visit. If he did or did not think a visit necessary she could carry out his instructions faithfully and report from

day to day on the condition of the patient. By such means much distress and money might be saved the back-blocks settler.

Dr. Valintine also suggested that the district nurse could do useful work in supervising the midwives of her district, and periodically inspecting their kit and instruments to see that they were properly clean. In case of accident she could render first aid and accompany the patient to the nearest hospital; she could be the "eyes and ears" of the board under which she served, and having made herself acquainted with the conditions of the various families in the district could be better able to give information as to the circumstances surrounding those persons applying for charitable relief. Nor would such a nurse be a great expense to the board. She would be in a position to know what the people could afford to pay for her services and advise the board accordingly. He quite believed that a great portion of her salary could be paid by these means. If the scheme did not prove too expensive, additional nurses could be gradually appointed, so that no part of the hospital district would be without its district nurse, and the gaps in the chain would be complete.

The responsibility and the loneliness of such nurses would be great, but they would have the satisfaction of knowing that their services were needed and appreciated, a fact to counterbalance the advantages of life in busy centres, where nurses are plentiful, and many compete for the same posts.

The duties which would devolve upon such nurses are an indication of the importance of their competence. Fortunately, in New Zealand a Nurses' Registration Act is in force, administered by the department which Dr. Valintine supervises, with the able assistance of Miss Maclean. This department requires proof of capacity.

[previous page](#)

[next page](#)