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Editorial.

RURAL AND COUNTY NURSING ASSOCIATIONS.

We are glad to learn that the Medico-Political Committee of the British Medical Association is at present considering the question of defects in the organisation and administration of rural nursing associations. Such associations, if organised on a sound professional basis, are of great assistance to the sick poor, but, unfortunately, too often the standard of training adopted is most inadequate from the nursing point of view, and while they receive the name of "Nursing" Associations, in many instances districts employ women as "nurses" who have only received three months' training in midwifery. If one enquires why the obvious course is not adopted, and these workers introduced as certified midwives—which they are, instead of nurses, which they are not—one is at once told that this would antagonise the doctors in the locality, who would not consent to the introduction of midwives if they were known as such; they must therefore be known as nurses. So the medical profession are induced to believe that they are employing women with at least some nursing knowledge; and when these midwives—who in their own department can do useful work—prove hopelessly at fault in the observance of the etiquette observed between the medical and nursing professions, and offer advice on medical matters which medical practitioners rightly resent—trained nurses are blamed for actions for which they are in no way responsible and would be the first to condemn.

It is sometimes asserted that fully-trained nurses will not stay in country parishes, but the fact that Queen's nurses are to be found working in the loneliest parts of Scotland and Ireland disposes of this suggestion. The real root of the difficulty is a financial one. Queen's Nurses, with a three years' certificate and a midwifery qualification,

cannot be considered lavishly paid when they cost only £90 or £100 a year, of which they usually receive £30-£35 a year as salary. The salaries and emoluments of staff nurses in the Military Nursing Service are calculated at about £150 a year, and they have the prospect of rising in the Service, and a good pension on retirement. If we except the pension, nurses employed in private work can earn an equivalent amount. It shows a real vocation for district nursing that nurses are willing to accept smaller salaries when they adopt this branch of work, realising the difficulty there is in raising the necessary funds, but their salaries must be calculated at a sum upon which it is possible to live.

Queen Victoria's Jubilee Institute for Nurses has recently issued suggested rules and information for Local Associations employing village nurses, which should help to maintain smooth relations between the medical profession and village nurses. Rule 9 provides that "in all cases of general sick nursing the attendance of the nurse must be sanctioned by the medical man, it being understood that her attendance on such cases does not interfere with her engagements to lying-in women," and this appears to give satisfaction to the medical profession. We doubt, however, whether the various matters which need the joint consideration of the medical and nursing professions will be finally adjusted to the satisfaction of both until we have a General Nursing Council which can discuss ethical questions with the General Medical Council.

When the report of the Medico-Political Committee of the British Medical Association, on Rural Nursing Associations is published, we hope it will emphasise the necessity for the single portal system of admission to the nursing profession. The present diversity of standards is a fruitful source of trouble.

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