

Association) explained that three women in Liverpool were doing the work in Liverpool that Mr. Rathbone wanted done, under the auspices of the Association. They co-operated with the nurses most happily. It was only because they had not money enough that they did not send these mothers' visitors throughout the town.

## SECTION II.

The subject of the first afternoon Session on Thursday was "Maternity work in connection with District Nursing." The Chairman was Dr. Caton, Emeritus Professor of Physiology in the University of Liverpool, who said that in that section they would consider a particular development of district nursing, *i.e.*, how far nurses could be trained to undertake the care of maternity patients in addition to their other work.

Dr. T. ARTHUR HELME presented an interesting paper on the subject, the points he offered for consideration being "Has the District Nurse a useful rôle to play in Maternity work? And, if so, can it be done, and how can it best be done?"

Miss ROSALIND PAGET, Member and Delegate of the Central Midwives' Board, followed, and referred to the fact that the Board had sent a midwife as one of its delegates. One thing which had come out very clearly since the Midwives' Act came into operation was that with few exceptions a living could not be made by midwifery only in rural districts.

The Queen Victoria's Jubilee Institute received a report of all maternity cases attended by its nurses, and it was a matter for great satisfaction that the maternal mortality was just below 1 per cent. The average maternal mortality was 3.8 per cent. The power of the midwife in impressing the laws of health upon the people was sometimes under-rated. It was a valuable asset, and her help should be enlisted, for the people's health was the nation's wealth.

Mrs. HOLT, the Lady Mayoress of Manchester, strongly advocated the training of district nurses in maternity nursing; their work was invaluable and would prevent many serious consequences resulting from lack of skilled attention. Further, it would prevent quackery amongst women, and that did more harm than could be readily understood.

In the discussion which followed, Miss TRILEY, Superintendent of the Barwell District Nursing Association, Leicestershire (Holt-Ockley system) described a number of general cases, attended by nurses on the staff, and enquired whether it was safe to combine maternity work with cases of this kind, which included tuberculosis, enteritis, and a girl with a tube behind her ear, who also had eczema. Incidentally the question was interesting as showing the class of cases attended by these so-called nurses.

Miss BROADWOOD proclaimed the value of the Holt-Ockley System, which, indeed, she did at every session of the Congress. Her action in supplying monthly nurses instead of midwives had been much criticised, but they were 11 monthly nurses, and the doctors said they wanted nurses, not midwives.

Replying to a question, Miss Broadwood said that the training given was from 4 months to 18 months. It was given in districts almost entirely. The question of what was best for the individual had to be taken into consideration.

LADY HELEN MUNRO-FERGUSON said that the next day the Congress would have an opportunity of hearing more fully from Miss Broadwood as to the Holt-Ockley method. They would be most curious to know whether the individual she referred to was the patient or the nurse. She was glad to say that in Scotland, whether in the towns, the rural districts of Argyll, the Highlands, or the distant islands, fully-trained Queen's Nurses were nearly always employed. They never could see why, because people lived in inconvenient places, nearly ten miles or so from the nearest doctor, they should have less experienced nurses than a person who lived next door to one.

Miss M. ARTHILL described the training of cottage nurses in a Home for the Dying, and in connection with a small maternity home and out-patient practice, at Derby, which was paying its own way.

Miss PYE (Ranyard Nurses) drew attention to the large proportion of women attended in London and elsewhere by the medical students of hospitals which, in the large proportion of cases, assumed no responsibility for the subsequent nursing of the patients. It was very terrible to go into some poor homes where the patients were left to the care of the most hopelessly ignorant, and often very dirty, neighbours. Public opinion should be brought to bear to move the hospitals to assume such responsibility. As they used the mothers as material for the students to learn upon they ought to supply the best trained nurses to follow up the cases.

Mrs. CHARLES HOBHOUSE said that all would agree with Lady Helen Munro-Ferguson in wishing to have perfection. Might the Congress be introduced to the bird which laid the golden egg, as the question of providing fully-trained nurses was more a question of money than of what they wished. Possibly Lady Helen's recipe for getting all this wealth was so Scotch that she would not impart it to a Saxon.

Miss MORGAN, Superintendent, Q.V.J.I., Cardiff, described the working of the Midwifery Training School in that city in connection with the University, and under the supervision of the Queen's Institute, and expressed the hope that the day would come when all Queen's Nurses would be trained in midwifery, and know how to conduct confinements, and to attend women at that time.

## SECTION III.

Mr. Harold Boulton, M.V.O., presided at the second Session on Thursday afternoon, at which Princess Louise, accompanied by the Duke of Argyll, was present. The Chairman welcomed her Royal Highness on behalf of the Congress as a sister of the King, and as a daughter of Queen Victoria, who had helped her in the building up of that great institution, the Queen Victoria's Jubilee Institute, as well

[previous page](#)

[next page](#)