

cases where there seems no member of the household able to undertake the nursing, when the patient is an elderly single woman, or the mother of a family too young to be of use, when the father is at work all day, and there is no convenient grandmother or aunt.

In all these cases we suggest that the nurse should be empowered to call in a sick-room helper who will, under her instructions, and between her visits, do all that is needed. She will keep the patient's room at an even temperature, administer the medicine and nourishment that has been ordered at proper intervals, save the patient from the necessity of getting out of bed, watch for signs of failing strength, and, if necessary, advise the family to send for the doctor. Or she will come in for the night only, to tend the patient while the worn-out wife or mother rests. Or, if there is no one else to do it, she will undertake the housework and cooking as well as the supplementary nursing, doing everything for the patient and the family that a capable and intelligent relative would do.

Of course I am aware that most nurses or nursing institutions do occasionally employ help for cases of this sort. They know of women who can sit up at night and do everything else that our sick-room helpers do. I only suggest that the need should be definitely recognised and provided for as an auxiliary to district nursing, that a register of suitable women of ascertained qualifications, willing to work under fixed conditions and rates of pay, shall be kept either at the Home or by some outside body, and last, but not least, that the cost of employing them shall be defrayed when possible by the patient's friends, but where that is clearly not possible, that it should be met out of the Institution's funds.

Three objections have been suggested to this plan. The first is that we are calling into existence a class of inferior practitioners who may usurp the functions and name of nurses. This reminds one of the argument used by some doctors against the Midwives' Registration Bill, that no recognition or encouragement ought to be given to midwives because every confinement ought to be attended by a doctor. The answer is first, that the great majority of the community cannot afford and ought not to be compelled to employ highly skilled and remunerated services for any purposes for which less skilled services are really adequate; secondly, that the less skilled workers are much less likely to overstep the limits of what they can rightly undertake if they are working for and responsible to a Society than if they are working on their own account.

The second objection sometimes made is

that we are taking one more step in the direction of breaking down the motive to neighbourliness and mutual helpfulness among the poor, that everything that the sick-room helper can do usually can be and is done for the patient by his family, relatives, and kindly neighbours. "Usually," yes! It is not suggested that sick-room helpers are necessary in all or the majority of cases attended by the District Nurse. But it is surely carrying the principle of encouraging mutual help over far, if in its interests, say, the delirious pneumonia patient has to be left to the ministrations of any kindly neighbour who may happen to be available.

We all know what such ministrations often consist in, at any rate in the rougher and poorer homes. The window is closed and an immense fire built up, which dies down slowly during the night. The patient's rest is broken by frequent visits from neighbours, each giving his or her suggestions as to remedies. Often they show their sympathy with the anxious relatives, and assist them to "keep up their strength" by bringing in drink, which they help them to consume. Sometimes the patient is left alone, perhaps at a critical time, while the neighbour goes home to send the children off to school, or to get her husband's tea. At her best the neighbour, just because she is a neighbour, has not the same authority to enforce the doctor's orders as to nourishment and medicine that a stranger, coming from a Society and wearing a uniform would have. The patient naturally dislikes, as any well-to-do patient would do, to accept from her gratuitously services which he would take as a matter of course from a professional worker, and the higher the standard of independence, refinement, and reserve in the family, the stronger this feeling is likely to be.

Lastly, it is argued that it is hard enough already to find money for District Nurses and School Nurses, and that the finances of the Association will not bear a fresh claim. This is the old argument brought against every improvement in the standard of nursing, and the reply is, I suppose, also the old one, that, in the long run, the most economical way of treating the sick is the way that cures them most quickly and most completely. If we consider the heavy economic loss to the community involved by the death of the father or mother of a young family, or by the permanent crippling or enfeeblement through illness of one adult worker, we shall feel that, from the lowest point of view, the small expenditure which the carrying out of this plan would involve is one that society would find it well worth while to bear.

Another use which has sometimes been sug-

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