

their own account. I know of many cases where Village Nurses have joined nursing associations which advertise that their nurses are all 'fully trained.'

That is the real danger of encouraging certified midwives to call themselves Village Nurses. We do not for a moment contend that they are not useful workers, or that they cannot render elementary assistance in nursing. All we desire is that a spade should be called a spade.

Sir Victor Horsley put the position of the cottage nurse lucidly before the Select Committee of the House of Commons on Registration of Nurses, when he said:—"Unfortunately there has grown up a system of so-called cottage nurses, people who are qualified to put on fomentations and that sort of thing. Of course, those women are undoubtedly useful to a certain degree, but they would be much more useful if they were properly paid trained nurses. . . . I think 'cottage nurse' is only a cheap method of doing the work imperfectly."

It is often supposed that the thoroughly trained nurse costs more as to training than the village or cottage nurse; the exact opposite is the case. Training fees have to be paid for the woman who trains for a short term; the thoroughly trained nurse is self-supporting throughout her training. It is the miserable £90 a year, which is the cost of a thoroughly trained Queen's Nurse, which seems to many wealthy persons who patronise rural nursing associations so excessive a salary for nurses of the poor.

Further, they agree *au fond* with the noble lord who assured the members of the Upper House that there were "two kinds of nurses required: one to nurse the people who had important operations by eminent surgeons, and another to nurse the ordinary ailments of the poor."

INCREASE IN DEMAND FOR MIDWIVES.

Miss Hughes, in reply to a question from the Chairman, stated that the demand for midwives had very largely increased as a result of the Midwives' Act, and some County Associations had been formed almost entirely on that account. On January 1st, 1902, there were five County Associations affiliated to the Institute, with 19 Queen's and 127 Village Nurses. On January 1st, 1909, there were 18 Associations, with 131 Queen's Nurses and 650 Village Nurses. She attributed this increase entirely to the demand created by the Midwives' Act. The witness handed in a list of Midwifery and Village Nurse Training Homes affiliated to Queen Victoria's Jubilee Institute for Nurses, with the scale of fees charged by each.

Asked by the Chairman whether Queen's Nurses were not "rather too luxurious an article for general purposes," Miss Hughes replied: "No, certainly not, when there is a sufficient population. They bring to bear better knowledge and training." Asked if they were not rather a heavy charge on the districts employing them, Miss Hughes replied that they only got the ordinary fees of the trained nurse. £60—£100 was not very much.

Asked whether the fear of the examination of the Central Midwives' Board stood in the way of women presenting themselves for training, Miss Hughes replied: "Not at all . . . they know

it is the price they must pay to obtain a means of livelihood."

Questioned as to the resident cottage nurse, Miss Hughes said: "I may say honestly, we do not like the resident system with regard to labourers' cottages; when it comes to farmhouses, and places that are better off, that is a different thing. But when there is no sleeping accommodation, or hardly any, for the nurse, we do beg that the point should not be pressed, and that they should not require a nurse to sleep in the cottage."

Asked by Mr. Pedder whether her "superior nurse goes to the ordinary cottage cases," Miss Hughes explained that she takes all sorts of cases, but she does not live in the houses. She would work in the rural districts if funds were provided." Questioned as to how she differed in that respect from the Village Nurse, Miss Hughes said she had had the advantage of full hospital training, but she did the same work.

Miss Hughes spoke of the possibility of including work in connection with the medical inspection of school children in the work of Village Nurses, if the women were given some special training to carry out the instructions of medical men for school cases. Asked by Mr. Fremantle if that could be included in the nine months' training in midwifery and nursing, Miss Hughes replied that the Institute would prefer it to be twelve months.

THE CENTRAL MIDWIVES' BOARD.

We are glad that the Central Midwives' Board has resolved for the future, as we recently notified, to add Leeds to the centres at which its examination is periodically held. The present centres are London, Birmingham, Bristol, Manchester, and Newcastle-on-Tyne, none of which are very convenient for the large area comprised in the county of Yorkshire. The more accessible these examinations are made the better.

THE CERTIFIED MIDWIVES' LEAGUE.

The Certified Midwives' League, federated to the Women's Total Abstinence Union, is doing good work in banding midwives together to further temperance principles. The Hon. Secretary is Miss Francis, 32, Netherhall Gardens, Hampstead, who will be glad to hear from Midwives wishing to join the League.

THE NEW BABY BOOK.

An admirable little booklet by Mrs. Frank Stephens, a revised and improved edition of "How to Manage a Baby," is published by Horace Marshall and Son, Temple House, Temple Avenue, and 125, Fleet Street, price one penny. It should be of great use to midwives, health visitors, and others, for distribution in district work, giving many practical details, and practical advice on the management of infants couched in simple language.

The latest opinion as to "summer diarrhoea" is opposed to that advanced in this booklet that it is infectious. The experience of the Infants' Hospital, Vincent Square, is that it is caused by contaminated milk, and is not epidemic in its nature, as was formerly believed.

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