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## Editorial.

### THE VISITING NURSE.

The question of visiting nursing, as a means of providing efficient care for the less acute cases of general illness, and also for maternity cases where the means of a middle-class family do not permit the employment of a resident nurse, is one which is raised from time to time, and the fact that it is considered in countries so far apart as Great Britain, the United States of America, and Australia, proves not only the need of some further provision to meet the necessities of the middle classes, but also that the visiting nurse working on the lines of the fully-trained Queen's nurse amongst the poor, offers at least one solution of a very difficult problem.

At a special meeting of the Royal Victorian Trained Nurses' Association, convened by the President on the requisition of a number of members for the purpose of discussing the question, the organisation of visiting nursing in the colony was fully discussed, and Miss Primrose moved a resolution urging the adoption of a system of visiting nursing, a need which, as the Association monopolises all the State-aided hospitals as its training schools, could—the resolution stated—only be met by the members; it further recommended the appointment of a sub-committee to formulate a scheme.

A point made by Miss Alice MacDonald was that it was better to establish the visiting nurse than to make more room for the visiting gamp; and Dr. W. A. Wood spoke strongly in favour of the visiting nurse, while believing, with others, that her provision was a matter for individual enterprise rather than for regulation by the Association; but he warned the members that if they did not do something towards nursing this large class, "a form of semi-

trained nurse with, say, a year or eighteen months' training will be called into existence, perhaps with a Government brand, much in the way that has occurred in Western Australia and in many English towns."

The danger is a very real one, as all who are acquainted with the disastrous double standard sanctioned by the Queen Victoria's Jubilee Institute for Nurses in England can testify, a policy which is undermining the standard of district nursing, and the full results of which will not, we believe, be realised till later. It should be an accepted axiom that nurses for all classes should be fully trained, and the question of cost can never be effectively dealt with by supplying an inefficiently-trained and cheap nurse, any more than doctors can be provided at cheap rates by lowering the standard of medical education. Nor is it fair that the fully-trained nurse should be expected to work at reduced rates. The efficient visiting nurse will be forthcoming when the middle-classes found provident co-operative associations, whereby the nurses are paid their full fees, and the subscribers are entitled to their services, when needed, on terms settled by the associations.

Eventually, on the suggestion of Dr. R. H. Fetherston, the R.V.T.N.A. decided to nominate a committee representative of the various views in the Association, to go into the whole question of the nursing of the well-to-do and report later to a special meeting of the Association. Dr. Fetherston stated that he was "in favour of proper control by the Association of all who undertook nursing, and of all who undertook the training of nurses, and considered that no one should be allowed to call herself a nurse unless qualified to do justice to the patients. This would mean legislation and probably 'State registration.'" That is to say the organisation of the nursing profession.

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