

immigrants, many of them came knowing absolutely nothing of the language, and perhaps had to be deported as soon as they were sufficiently well to leave the country. Formerly, when these poor people were discharged from the hospital, nobody knew or cared what became of them. Now that was altered.

In regard to the crippled children there were the Children's Aid Societies, which conveyed them to and from school, and also there were places to which they could be sent in the summer.

The attempted suicide cases formed a most important part of the service. These poor people had attempted to end their lives, not from mere wickedness, but because their conditions of life were such that had we been in the same circumstances we might have been in no better frame of mind. They were accompanied to homes, and were not allowed to go to court without being accompanied by a woman.

Then there were the neurasthenics and similar cases. These people were placed in convalescent or permanent homes. Then the temporary care of children while parents were in hospital was provided for, aid was secured for families from relief societies, and so on.

The provision of legal aid, dietetic aid, surgical aid, and, above all, loans, also was part of the work of the organisation.

Miss Goodrich said that she had dealt very briefly and hastily with this subject, but she wished the Congress to know what social service in connection with a hospital had meant both to the hospital and the patients.

The last report of the Association had been most gratifying and encouraging. She wanted to emphasise that the influence of the organisation had been most beneficial, for in taking care of the patients the workers had learnt to care for them as brothers and sisters, to whom we all owe some greater duty.

Miss Bøge, Superintendent of Queen's Nurses, spoke of the opportunities for social work in connection with district nursing as so great that it seemed impossible to separate the two. The other day it was her privilege to go with a deputation to the local Borough Council, when she was a selected speaker. She tried to put forcibly before it how the nurses were trying to fight the terrible infantile mortality, so prevalent in Shoreditch; and further, not only to keep these poor children alive, but to prevent the possibility of children being brought into the world without any chance of their living. The nurses were also fighting tuberculosis, and those early boy and girl marriages, where nothing was saved up, and where the homes were furnished on the instalment system.

Miss Bøge claimed strongly that district nursing was the very highest branch of the profession, though it was stated only a few years ago, by one very well known in the hospital world, that district nursing was a very good dust-bin for the rubbish of the nursing profession.

The more district nurses made their influence felt in the various towns and boroughs the more hospital matrons would hear of them, and realise that

not only were the best nurses needed for district work, but also the best all-round women. She was very much interested in what Miss Chaptal had said about the poor paying in their own coin. A good deal was said about the behaviour of the poor, but it must be remembered that the nurses went to their homes as strangers, and, on the whole, their advice, and sometimes their scoldings, were very well received. They were repaid for their work by seeing the children more healthy, and wonderful improvements made in the habits of the poor. In her borough they did not now have to fight for an open window, in fact the East-End now had almost too much of the open window.

She thought they all realised the necessity for reform in prison life.

MISS H. L. PEARSE, Superintendent of School Nurses under the London County Council, said that she gladly availed herself of the present opportunity to speak of the work of nurses in public schools. All present must, she said, have been tremendously encouraged by the words of Lady Helen Munro Ferguson as to the dignity of small things. It was often said that the work of the School Nurse was not essentially the work of a highly trained nurse, because simple cleanliness was the most constant need in connection with school nursing. She contended that the maintenance of scrupulous cleanliness was certainly work worthy of the best endeavours of a highly-trained nurse. The foundation of good nursing was cleanliness, and on that it was the hope of the School Nurses to build up a higher standard of health amongst the children. This preventive work had only comparatively recently been undertaken by nurses. Now the nurse went into the school as part of the educational system to teach everything she could, to train the children in regard to the care of their own health, and to send them to their homes as little missionaries, hoping thereby to raise the standard in those homes as to attention and cleanliness.

The School Nurses were now coming more frequently into contact with the parents of the children, both at school and in their own homes. At first they were not always very well received, but she felt very strongly what Mlle. Chaptal had said: That they were asking a great deal from the poor when they asked them to listen to the nurses' remonstrances about things which they thought unnecessary or trifling.

People struggling hard to make ends meet did not always realise the necessity for spending hard earned pence in soap, because they did not recognise the large part which soap and water played in the maintenance of health. It was the duty of the School Nurse to show them that by attending to personal hygiene they might be more happy and comfortable in the future. At present their work was missionary work, and they hoped later on, in conjunction with the hospital, to form a cordon which would be brought right down from the hospital to the home, and so form a system of education. She believed the educational side of their work would be increasingly developed in the future.

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