

the approval of all classes. The nurses of the principal hospitals in Perth and Fremantle are, however, alive to the danger of inclusion in a general Bill, and have petitioned the Assembly for a separate Bill dealing with their registration, as in England and New Zealand, and for adequate representation of trained nurses on the Board appointed to deal with nurses.

Our contemporary points out that the three years' standard of training in a certified hospital should be insisted on, and adds:—

"New Zealand has led the way in this matter, and let us hope that the Federal States will follow the Dominion's commendable example, and, moreover, that the strong opposition at present raised against State Registration in England may be materially weakened, if not wholly overcome there."

Our registration campaign is evidently followed with interest at the Antipodes.

#### IN THE UNITED STATES.

Registration discussions in the "States"—American, of course—are often very instructive. The Massachusetts Bill was recently discussed by the New England Association for the Education of Nurses. All the sympathy of the medical men present appeared to be lavished on "the people that have not had adequate training," one gentleman stating that it "had been the dream of his life that some society might be interested in the other (as apart from registered nurses) great big body of untrained nurses that are working quietly and without show, giving the best that they know how." We should hope that the registered medical practitioners in Massachusetts, now that nursing registration is in force, will interest themselves in protecting their patients—that "show" or no "show," this "great big body of untrained women" will find it difficult to defraud the sick for the future. They must be encouraged to be *honest*, and qualify themselves for the duties for which they are paid.

Miss Riddle, in reply to the question: "What is the advantage to the nurse of Registration?" answered that the greatest good will be the greater attention that will be paid to the teaching and training of nurses in the schools.

Miss Dart said wisely that the law and the Registration Board were good, and would do good work; but that there was quite a number of degrees of excellence even from the graduates of the same school, and Registration won't place all of us on the same level. "We shall place ourselves where we belong!"

Very true.

## The Nursing and Midwifery Conference.

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THURSDAY, APRIL 6th.

### DISTRICT NURSING AND MIDWIFERY.

SIR FRANCIS CHAMPNEYS, Bart., M.D., Chairman of the Central Midwives' Board, presided on the afternoon of April 6th, and at once called on Miss Amy Hughes to address the meeting.

MISS AMY HUGHES.

Miss Hughes said that a great change had come over the requirements and responsibilities of those nurses working amongst the poor in their own homes, evident both to those who have watched the development of district nursing and to those who have been fostering midwifery. No longer was it considered that such nurses were doing their duty if they only attended to their technical duties. They were now required to improve the standard of life of the people, the educative side of the work both of nurses and midwives was emphasised, and various Acts of Parliament had placed such responsibility upon their shoulders.

First, and most important, there was the Midwives' Act. In regard to what the Act had done for district nursing as a whole it must be remembered that the nurse in a general hospital never saw a normal healthy infant, all the babies admitted to the wards were ill; this did not apply to poor law infirmaries, but the average hospital nurse when she came into a district knew little of the healthy conditions of mother and child. It had become increasingly important for nurses to have a midwifery certificate, and, in the knowledge gained whilst acquiring it, district nurses had a most powerful instrument placed in their hands. The Midwives' Act was revolutionary, for nurses who gained the certificate of the Central Midwives' Board had to learn not only to deal with maternity cases which had gone wrong, but also how to advise normal mothers. One effect of the Act was to abolish the work of those not on the Roll, and by degrees also, as the *bonâ-fide* midwives dropped out of work, trained midwives were needed to take their place, with the result that ordinary district nurses who were certified midwives were in demand. Some of them were only wanted to act in emergency, but the knowledge they had as certified midwives made them valuable educational factors. There was naturally a feeling that these nurses might interfere with the means of livelihood of practising midwives, and the tendency of advice from headquarters was that Queen's Nurses should not undertake midwifery cases unless there was no one else to do so.

Other Acts referred to by Miss Hughes as influencing the work of district nurses were the Medical Inspection of Schools Act, the Notification of Births Act, the Children Act, 1908, and the Infant Life Protection Act, under which nurses were employed as visitors to boarded-out children. On the side of prevention and education they were participating in the crusade against consumption.

It was important to impress on district nurses

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