

"STATE AID" AS IT WOULD AFFECT NURSES.*

BY MISS MARY GARDNER

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When I was asked to read a short paper on State Aid as it will affect nurses, I felt that it was a subject on which I was really incompetent to speak, but I promised to do my best. Anything that I can say must be more or less in the nature of conjecture. We have met to consult together, and try to form some conception of how this change which is looming on the horizon will influence us.

First, what is the prospect, the probability, of State Aid for hospitals? I believe that it is near at hand. At present we have many large institutions, hospitals, asylums, schools, entirely supported by funds compulsorily raised, *i.e.*, by rates. Side by side with these we have our old voluntary charities, some of which are reduced to a precarious, struggling existence, and all of which find a growing difficulty in obtaining money. Their needs, their liabilities increase, while the sources of income tend to dry up.

We have a parallel case in the history of elementary education. The State schools came in to supplement the voluntary schools which were quite inadequate for the education of all the children of the nation. Soon the voluntary schools, dependent upon endowments and subscriptions, exactly as are our voluntary hospitals to-day, began to feel "the intolerable strain" and received increasing grants of public money from time to time, until, in 1902, they were put entirely on the rates.

Dr. Salter, of Bermondsey, a well-known Fabian, who has long been an advocate of the State control of hospitals, said the other day, in reference to a recent case at Guy's Hospital where a woman with a fractured femur was refused admission because all the beds were full, "when Mr. Lloyd George's Insurance Bill becomes law, every workman will be entitled, by reason of his own payments and those of his employer, to adequate medical attention. In many thousands of cases the local doctor will simply say, 'I cannot give you adequate medical attention—it is not possible in your own home. You must have institutional treatment.' Accommodation in the hospitals is already

entirely inadequate for present needs. With all these extra cases new institutions will become imperatively necessary It is suggested at present that grants shall be paid to the hospitals. The moment you give those grants the public must have representation on the hospital authorities. There you have the beginning of public control to which the Insurance Bill must lead inevitably."

And this is his conclusion: "The only way out of the difficulty is a system of hospitals owned and controlled by the people."

This, if it comes to pass, will come gradually. First, as the result of grants in aid we shall probably have government inspection, as inspectors were appointed to the voluntary schools when these first received State subsidies while still privately owned and controlled. If the grants in aid are raised by local taxation, *i.e.*, by rates, the municipality or district council will demand representation on the Board of Management, and the transition from this to full control, either by the municipal authorities or Public Health department, seems natural and inevitable.

Also, I believe that we shall see during the transition period, a development of that which has already begun (I am giving my own ideas only for what they are worth), a linking up of the General Hospitals and Poor Law Infirmaries, or State Hospitals.

Dr. Salter says: "New institutions will become imperatively necessary." But new hospitals will take time to create, and, as a preliminary, I think hospital physicians and surgeons will tend more to draft on their less acute cases to the infirmaries, as they often do even now. And as the stigma of pauperism tends to die away from the latter they are being used more and more by non-destitute persons. Especially is this the case where, as at Camberwell, and I understand also at Woolwich and Wandsworth, the Poor Law Infirmary happens to be the only general hospital in the locality. These infirmaries get a large proportion of acute cases, and even accidents. Eventually we shall probably see more classification of cases and a system of acute and chronic hospitals.

And now we come to our question: "How will this affect nurses?" I believe, on the whole, for good, although it is one of the fundamental beliefs which I hold strongly, that there is no gain without loss, and that for every good we pay a price. The loss may be largely on the side of sentiment, but sentiment counts as a factor in our lives. We shall lose—as I believe, by an inevitable law of progress—how,

* Read before the Midlands' Association of Matrons and Superintendents.

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